

That voluntary charitable health and welfare agencies whose services are rendered exclusively or in substantial preponderance overseas, and that meet all the criteria set forth except for the requirement of direct and substantial presence in the local campaign community, shall be eligible for agency membership; and each must be able to comply with integrity and other applicable standards that such services are indeed provided.

(b) Participation in eligible federations.

(i) No charitable organization may participate in more than one eligible federation (umbrella organization) in a county.

(ii) No charitable organization may participate both individually and as a member of an eligible federation (umbrella organization) within a county.

(iii) Applications submitted on behalf of eligible federations (umbrella organizations) shall include a certification that all participating constituent agencies meet the basic standards and criteria, and agree to comply with rules and regulations as set forth by the committee.

[Statutory Authority: RCW 41.04.035, 41.04.036 and 41.04.230. 87-18-003 (Order 87-1), § 240-10-040, filed 8/20/87; 86-08-070 (Order 86-1), § 240-10-040, filed 4/1/86; 86-02-015 (Order 85-2), § 240-10-040, filed 12/23/85.]

WAC 240-10-057 Decertification and disqualification. (1) Once approved for participation, any health and welfare agency or federated organization may be decertified and disqualified from participation in the state employee combined fund drive campaign by majority vote of the committee for any one or more of the following reasons:

(a) Failure to comply with the rules contained in this chapter;

(b) Filing an application to participate in the state employee combined fund drive campaign which contains false or intentionally misleading information;

(c) An annual contribution pledge from an annual campaign of two hundred fifty dollars or less.

(2) Any decertified health and welfare agency or federated organization shall be disqualified from participating in the next state employee combined fund drive campaign.

(3) The committee may order that the annual net estimated contribution for any health and welfare agency or federated organization receiving an annual pledge of two hundred fifty dollars or less in an annual campaign may be made in a lump sum at the end of the year of contributions.

(4) Any health and welfare agency or federated organization decertified under subsection (1)(a) or (b) of this section shall have any further payment of contributions terminated. The committee shall determine the method of disbursement of any future payments originally pledged in an annual campaign to such health and welfare agency or federated organization.

(5) Any decertified health and welfare agency or federated organization may request reconsideration of the committee's action using the procedures described under WAC 240-10-055.

[Statutory Authority: RCW 41.04.035, 41.04.036 and 41.04.230. 87-18-003 (Order 87-1), § 240-10-057, filed 8/20/87.]

Title 248 WAC

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

Chapters

248-14	Nursing homes.
248-15	Advanced life support technician--Rules and regulations.
248-18	Hospitals.
248-19	Certificate of need--Hospitals and nursing homes.
248-25	Adult residential rehabilitation centers and private adult treatment homes.
248-40	Vital statistics.
248-54	Public water supplies.
248-63	Health sanitation and safety standards for temporary-worker housing (Formerly standards for labor camps).
248-86	Food and beverage service workers permits.
248-97	Recreational water contact facilities.
248-100	Communicable and certain other diseases.
248-102	Phenylketonuria.
248-103	Newborn metabolic screening.
248-124	Vital statistics--Certificates.
248-148	School districts--Auditory and visual standards.
248-168	Human immunodeficiency virus infection treatment.
248-172	General provisions.

Chapter 248-14 WAC NURSING HOMES

WAC

248-14-080	Licensure--Disqualification.
248-14-090	Change of ownership.

WAC 248-14-080 Licensure--Disqualification. (1) Each and every individual named in an application for a nursing home license shall be considered separately and jointly as applicants, and if any one be deemed unqualified by the department in accordance with the law or these rules, regulations, and standards, the license shall be denied, suspended, or revoked.

(2) Individuals who, in the state of Washington or in any place other than the state of Washington, have been previously denied a license to operate a hospital, nursing, maternity, or boarding home or other facility for the care of children, the aged, ill, or infirm, or have been convicted of operating such a facility without a license, or have had their license to operate such a facility revoked, shall not be granted a license.

(3) Any individual addicted to the use of narcotics or the excessive use of intoxicants and individuals of poor credit reputation shall be disqualified even though the

premises are adequate. Individuals convicted of a crime of moral turpitude or a felony may be disqualified by reason of such conviction if such conviction is reasonably related to the competency of the individual to exercise responsibilities of ownership and/or operation of a nursing home and the department determines, after investigation, that such person has not been sufficiently rehabilitated subsequent to such conviction to warrant public trust. License shall also be denied, suspended, or revoked for failure or refusal to comply with the requirements established by chapter 18.51 RCW or with these rules, regulations, and standards promulgated pursuant thereto, and in addition, any of the following:

(a) Obtaining or attempting to obtain a license by fraudulent means or misrepresentation.

(b) Permitting, aiding, or abetting the commission of any illegal act on the nursing home premises.

(c) Cruelty or indifference to the welfare of the patients.

(d) Personnel insufficient in number or unqualified by training, experience, or temperament, properly to care for the proposed or actual number and type of patients.

(e) Misappropriation of the property of the patients.

(f) Failure or inability to meet financial obligations as they fall due in the normal course of business.

(4) The department shall deny a nursing home license to any applicant who has a history of significant non-compliance with federal or state nursing home requirements.

(5) In making a determination to deny a nursing home license, the department shall review the information contained in the application. In addition, other documents that the department deems relevant may be reviewed, including survey and complaint investigation findings in each facility with which the applicant is or has been affiliated during the past ten years.

(6) The department may consider, but is not limited to, the following criteria in conducting a review relating to noncompliance with federal or state regulation:

(a) Whether the violation or violations threatened or resulted in significant harm to the health, safety, or welfare of any patient.

(b) Whether a reasonably prudent nursing home operator should have been aware of the conditions which resulted in the violation or violations.

(c) Whether the applicant promptly investigated the circumstances surrounding any violation and took steps to correct and prevent recurrences of the violation or violations.

(d) The overall frequency of noncompliance as well as the recurrence of violations in the same or similar areas.

(e) Inability to attain compliance within a reasonable period of time.

(7) All applications for nursing home licensure are subject to review under this chapter. Applications for renewal are not considered applicants under this chapter. The department will not commence review of an incomplete application. The department requires a minimum of sixty days to review a completed application.

(8) Failure to provide any authorization the department requires in order to verify information contained in

the application or to verify additional information which the department deems is relevant to the application shall result in denial of the license. If the department deems additional information is necessary to process the application, the applicant must respond to such a request in a timely fashion.

(9) Any applicant denied a license shall be afforded an opportunity for an administrative hearing if a hearing is requested within twenty days after receipt by the applicant of notice of denial, pursuant to RCW 18.51.065. All hearings shall be conducted in accordance with the Administrative Procedure Act, chapter 34.04 RCW.

[Statutory Authority: RCW 18.51.070, 87-03-018 (Order 2460), § 248-14-080, filed 1/13/87; Statutory Authority: 1979 ex.s. c 211, 79-12-018 (Order 1455), § 248-14-080, filed 11/15/79; Order 80, § 248-14-080, filed 1/9/73; Regulation 14.080, effective 3/11/60.]

WAC 248-14-090 Change of ownership. (1) When a change of a nursing home ownership is contemplated, the owner/operator (seller) and the prospective buyer shall each notify the department at least sixty days prior to the proposed date of transfer.

(2) Notification shall be in writing and shall contain the following information:

(a) Name of the present owner and buyer.

(b) Name and address of the nursing home being transferred.

(c) Date of proposed transfer.

(d) Kind of transfer, i.e., sale, lease, rental, etc.

(3) The possession or ownership of a nursing home shall not be transferred until the transferee has been notified by the department that the transferee's application for a license has been approved.

(4) Nothing in this section shall relieve a person proposing to acquire a nursing home of the responsibility to meet applicable certificate of need requirements under chapter 70.38 RCW and chapter 248-19 WAC, and requirements under Section 1122 of the Social Security Act.

[Statutory Authority: RCW 18.51.070, 87-03-018 (Order 2460), § 248-14-090, filed 1/13/87; 80-06-086 (Order 1509), § 248-14-090, filed 5/28/80; Statutory Authority: 1979 ex.s. c 211, 79-12-018 (Order 1455), § 248-14-090, filed 11/15/79; Regulation 14.090, effective 3/11/60.]

Chapter 248-15 WAC

ADVANCED LIFE SUPPORT TECHNICIAN-- RULES AND REGULATIONS

WAC

248-15-020 Definitions.

248-15-025 Medical program director.

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" means the department of social and health services.

(2) "Secretary" means the secretary of the department of social and health services.

(3) "Emergency medical services committee" means the committee appointed by the governor under RCW 18.73.040 responsible for advising and assisting the secretary in the identification of the requirements for pre-hospital emergency medical services and the formulation of planning for emergency medical services (EMS) systems.

(4) "Emergency medical services council" means an organized council of EMS providers recognized by the department of social and health services. The council may represent a county or multicounty area.

(5) "Emergency medical services medical program director" means a doctor of medicine or osteopathy having been approved by the department under RCW 18.71.205 and is:

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

(b) Qualified and knowledgeable in the administration and management of emergency medical care and services.

(6) "Local medical community" means the organized local medical society existing in the general geographic area where:

(a) The advanced life support program is maintained or proposed, or

(b) In the absence of an organized medical society, majority physician consensus in the county or counties is served by the advanced life support program.

(7) "Medical control" means medical program director authority to direct the medical care provided by all persons involved in patient care in the prehospital EMS system including, but not limited to:

(a) Responsibility for supervision of training programs,

(b) The establishment of patient care protocols, and

(c) The recommendation for certification and decertification of individuals certified under this chapter.

(8) "Emergency medical technician" (EMT) means an individual certified according to chapter 18.73 RCW.

(9) "Advanced life support technician" means any level of technician certified under RCW 18.71.200.

(10) "Physician's trained mobile intravenous therapy technician" (IV technician) means an individual having:

(a) Successfully completed an EMT training course;

(b) 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

(c) Been examined and certified as an IV technician by the department or the University of Washington's school of medicine.

(11) "Physician's trained mobile airway management technician" (airway technician) means an individual having:

(a) Successfully completed an EMT training course;

(b) 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, and

(c) Been examined and certified as an airway technician by the department or the University of Washington's school of medicine.

(12) "Physician's trained mobile intensive care paramedic" (paramedic) means an individual having:

(a) Successfully completed an EMT training course;

(b) Been trained under the supervision of an approved EMS medical program director to carry out all phases of advanced life support under written or oral authorization of a delegated supervising physician, and

(c) Been examined and certified as a paramedic by the department or the University of Washington's school of medicine.

[Statutory Authority: RCW 18.71.205, 87-19-025 (Order 2532), § 248-15-020, filed 9/10/87; 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 248-15-025 Medical program director. Listed are the duties and responsibilities, performance of duties and responsibilities, certification, termination of certification and evaluation:

(1) The medical program director is responsible for:

(a) Medical control as defined in WAC 248-15-020;

(b) Training or supervision of training of all advanced life support technicians;

(c) Control and direction of certified advanced life support technicians in their duties by oral or written communication; and

(d) Medical matters, training, and medical control of EMTs as defined in chapter 18.73 RCW and chapter 248-17 WAC.

(2) In the performance of their duties medical program directors are responsible for:

(a) Developing EMS system treatment, triage, and transfer protocols;

(b) Providing medical control of EMS personnel utilizing written or voice communications and run reviews of the services provided;

(c) Identifying and defining the medically-related duties and responsibilities of EMS system providers;

(d) Establishing and coordinating the development and implementation of education programs and clinical facilities for EMS training; and

(e) Periodic audit of educational performance and skill maintenance of field personnel.

(3) The medical program director may delegate, in writing, duties and responsibilities to other physicians as needed for performance of duties and responsibilities, except he or she may not delegate the following:

(a) Recommending certification, recertification, or decertification of personnel certified under chapter 18.71 RCW; and

(b) Formal adoption of treatment, transfer, and triage protocols in the county or counties.

(4) Certification and recertification of a medical program director by the department shall be done biennially. The department may approve and certify each

EMS medical program director for a county or group of counties upon considering recommendations from:

- (a) Local medical community, and
- (b) Local EMS council.

(5) Prior to certification and/or recertification, the department shall evaluate each medical program director to determine eligibility. An evaluation format shall be developed by the department and will be completed by the medical program director and a representative of the department. The period between evaluations shall not exceed two years. Re-appointments shall be re-affirmed every two years.

(6) Certification of a medical program director shall be terminated when:

(a) The medical program director requests termination by resignation, or

(b) The department, after considering recommendations from the local medical community and the local EMS council, determines termination of certification is necessary for maintenance of patient care standards in the county or counties.

(7) Grounds for termination of certification of the medical program director shall include, but not be limited to, proof the medical program director has not performed duties, such as:

- (a) Failure to supervise training programs,
- (b) Failure to adopt written patient care protocols,
- (c) Failure to provide medical control, and
- (d) Failure to audit performance of prehospital personnel.

(8) No certification of a medical program director shall be terminated without written notification to the respondent from the department. Such written notification shall state the reason for the termination, and advise the respondent of the right of appeal.

(9) Termination of certification of a medical program director shall become final thirty days after the date of mailing: *Provided*, That within thirty days the medical program director may make written application to the department for a hearing. Upon receipt of a request for hearing, the department shall conduct a hearing in accordance with requirements in the Administrative Procedure Act, chapter 34.04 RCW.

[Statutory Authority: RCW 18.71.205, 87-19-025 (Order 2532), § 248-15-025, filed 9/10/87.]

Chapter 248-18 WAC HOSPITALS

WAC

248-18-001	Definitions.
248-18-031	Governing body and administration.
248-18-300	Laboratory.
248-18-312	Physical and occupational therapy services.
248-18-320	Repealed.
248-18-321	Other services.
248-18-440	Records and reports—Medical record system.
248-18-445	Discharge planning.

NEW CONSTRUCTION REGULATIONS

248-18-515	Design and construction standards, general.
248-18-655	Radiology facilities.

248-18-660	Laboratory facilities.
248-18-662	Electrocardiography facilities.
248-18-663	Electroencephalography facilities.
248-18-718	General design requirements.
248-18-99902	Appendix B—Dates of documents adopted by reference in chapter 248-18 WAC.
248-18-99910	Appendix J—Guidelines for laboratory quality assurance program in hospitals.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-18-320	Other departments. [Order 119, § 248-18-320, filed 5/23/75; Regulation 18.320, effective 3/11/60.] Repealed by 87-03-030 (Order 2464), filed 1/14/87. Statutory Authority: RCW 70.41.030.
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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) "Authenticate" means to authorize or validate an entry in a record by:

(a) A signature including first initial, last name, and discipline; or

(b) A unique identifier allowing identification of the responsible individual.

(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) "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.

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

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

(13) "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.

(14) "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.

(15) "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.

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

(17) "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.

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

(19) "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.

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

(21) "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.

(22) "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.

(23) "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.

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

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

(26) "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.

(27) "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.

(28) "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.

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

(30) "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.

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

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

(33) "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.

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

(35) "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.

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

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

(38) "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.

(39) "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.

(40) "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.

(41) "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.

(42) "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.

(43) "Occupational therapist" means an individual licensed under the provisions of chapter 18.59 RCW.

(44) "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.

(45) "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.

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

(47) "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.

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

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

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

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

(52) "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.

(53) "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.

(54) "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" as defined in subsections (65) and (66) of this section.

(55) "Psychiatrist" means a physician who has successfully completed a three-year residency program in

psychiatry and is eligible for certification by the American Board of Psychiatry and Neurology as described in the *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 the *American Osteopathic Association Yearbook and Directory*, 1981-1982.

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

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

(58) "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.

(59) "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.

(60) "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.

(61) "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.

(62) "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.

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

(64) "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.

(65) "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.

(66) "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.

(67) "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.

(68) "Shall" means compliance is mandatory.

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

(70) "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.

(71) "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.

(72) "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.

(73) "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.

(74) "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.

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

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

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

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

(79) "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. 88-18-021 (Order 2680), § 248-18-001, filed 8/30/88. Statutory Authority: 1985 c 213. 86-08-002 (Order 2348), § 248-18-001, filed 3/20/86. 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 248-18-031 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 hospital governing body shall:

(i) Provide personnel, facilities, equipment, supplies, and services to meet the needs of patients within the purposes of the hospital.

(ii) Appoint an administrator responsible for implementing the policies adopted by the governing body.

(iii) Have authority and responsibility for the appointment and periodic reappointment of the medical staff.

(iv) Require medical staff accountability to the governing body through approval under the medical staff organization bylaws and rules as applied by the governing body.

(v) Require evidence that each individual granted clinical privileges pursuant to medical staff bylaws has appropriate and current qualifications.

(vi) Require that each person admitted to the hospital is under the care of a member of the medical staff possessing clinical privileges.

(3) The hospital shall establish and maintain a coordinated program for identification and prevention of malpractice according to RCW 70.41.200 to include:

(a) Quality assurance committee including at least one member of the governing body with functions described in RCW 70.41.200;

(b) Policies, procedures, systems, and practices to comply with RCW 70.41.200 related to:

(i) Medical staff privileges sanction and individual physician review.

(ii) Review of qualifications of persons delivering care in the hospital.

(iii) Resolution of grievances by patients.

(iv) Continuous collection of information related to negative health care outcomes and injuries to patients.

(v) Education programs and compliance with reporting requirements of RCW 70.41.200.

(vi) Access by medical and osteopathic licensing and disciplinary boards to appropriate records of hospital decisions on restriction or termination of physician privileges.

(4) Each hospital shall develop procedures for identifying potential organ and tissue donors as required in RCW 68.08.650.

[Statutory Authority: RCW 70.41.030. 87-03-020 (Order 2463), § 248-18-031, filed 1/13/87. Statutory Authority: RCW 70.41.030 and 43.20.050. 84-17-077 (Order 275), § 248-18-031, filed 8/16/84.]

WAC 248-18-300 Laboratory. (1) Each hospital shall ensure:

(a) Availability of laboratory services sufficient in size and scope to provide adequate care of all patients minimally to include provisions for:

(i) Obtaining blood and blood products,

(ii) Performing hemoglobin or hematocrit,

(iii) Performing white blood count,

(iv) Performing platelet estimate,

(v) Performing urinalysis,

(vi) Performing blood glucose, and

(vii) Performing serum potassium.

(b) Disposal of contaminated materials in a safe manner (see WAC 248-18-170);

(c) Appropriate maintenance, safety, and cleanliness of hospital laboratory facilities and equipment (see WAC 248-18-035, 248-18-150, 248-18-155, and 248-18-170);

(d) Provision for pathology services appropriate to all services available in the hospital.

(2) Hospitals shall provide laboratory services in accordance with guidelines for laboratory quality assurance program, WAC 248-18-99910.

[Statutory Authority: RCW 70.41.030. 87-23-056 (Order 2560), § 248-18-300, filed 11/18/87; Order 119, § 248-18-300, filed 5/23/75; Regulation 18.300, effective 3/11/60.]

WAC 248-18-312 Physical and occupational therapy services. (1) Definition "authorized health care practitioner" means physicians and other licensed individuals as defined in RCW 18.74.010(7).

(2) Each hospital shall clearly define physical therapy (PT) and occupational therapy (OT) services in a written statement describing the scope of diagnostic, therapeutic, and rehabilitative services provided for inpatients and outpatients.

(3) Policies and procedures. When a hospital offers PT or OT services, written policies and procedures shall be established and followed including instructions for:

- (a) Patient care protocols.
- (b) Operation and application of equipment.
- (c) Equipment maintenance and monitoring.
- (d) Infection control practices including:
 - (i) Cleaning,
 - (ii) Disinfecting,
 - (iii) Sterilizing, and
 - (iv) Changing of equipment.
- (e) Documentation.
- (f) Periodic review of policies and procedures with:
 - (i) Revision as needed,
 - (ii) Documentation of date and name of reviewers, and
 - (iii) Written approval of revisions by:
 - (A) The appropriate committee or group including medical staff representation, or
 - (B) A member of the medical staff.
 - (g) What to do when physician or prescribing practitioner orders are unclear or incomplete. (Complete orders include modality, frequency, date, time, and authentication.)
- (4) Medical direction and personnel.
 - (a) Hospital OT and PT services shall be:
 - (i) Under the direction of a member of the active medical staff, or
 - (ii) Under the direction of a committee chaired by a member of the active medical staff.
 - (b) Hospitals shall provide:
 - (i) Adequate numbers of qualified personnel in accordance with the scope and volume of OT and PT services.
 - (ii) Inservice and orientation for PT and OT personnel with appropriate documentation.
 - (5) Patient treatment plan. Hospitals shall require a written OT and PT treatment plan for each patient receiving a PT or OT treatment service, to include:
 - (a) Identification of short and long term goals,
 - (b) Identification of patient's problems and limitations,
 - (c) Description of planned procedures and modalities.
 - (6) Authorization and documentation. When OT or PT treatment services are provided, the hospital shall require and ensure:
 - (a) Medical authorization of treatments evidenced by:
 - (i) Written authentication by a member of the medical staff for all inpatient treatment services provided, or
 - (ii) Written authentication by the authorized health care practitioner issuing the order for outpatient treatments, according to hospital policy and procedures.
 - (b) Entry of written, verbal, and telephone orders into the appropriate individual medical record.
 - (c) Use of standing orders only when:
 - (i) Dated and signed by a member of the medical staff,
 - (ii) Reviewed annually and renewed by written approval (dated authentication) of each order, and
 - (iii) A copy of the order is inserted into the appropriate individual medical record.
 - (d) Documentation in the medical record of PT and OT services provided for a patient to include:
 - (i) Date,

- (ii) Time treatment was initiated,
- (iii) Type of therapy service performed,
- (iv) Periodic assessment of the response of the patient, and
- (v) Authentication by the person performing the service.
- (7) Space and equipment. Hospitals shall provide:
 - (a) Adequate space designated for:
 - (i) Reception,
 - (ii) Recordkeeping, and
 - (iii) Treatments,
 - (iv) Storage of equipment and supplies.
 - (b) Patient dressing and toilet facilities,
 - (c) Patient privacy,
 - (d) Safe, functional, and appropriate equipment for any PT and OT service provided, and
 - (e) Calibration of equipment with documentations,
 - (f) System for equipment maintenance.

[Statutory Authority: RCW 70.41.030. 87-03-030 (Order 2464), § 248-18-312, filed 1/14/87.]

WAC 248-18-320 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-18-321 Other services. Hospitals offering and providing diagnostic or therapeutic services other than those specified elsewhere in chapter 248-18 WAC shall:

- (1) Maintain adequate space and equipment for the scope of services offered.
- (2) Provide for patient privacy.
- (3) Require professional staff licensure when required by state statute.
- (4) Require evidence of specific medical staff orders for any diagnostic services or treatments for inpatients.
- (5) Establish policy and procedure addressing referral orders issued by persons other than medical staff for outpatient treatments and diagnostic services.
- (6) Maintain appropriate pharmacist participation as described in WAC 248-18-190 (1)(n) and (2)(f).
- (7) Establish policies and procedures specific to operation of each service offered minimally to include:
 - (a) Providing orientation and inservice for staff,
 - (b) Ensuring patient safety and infection control,
 - (c) Providing maintenance and calibration of equipment, and
 - (d) Maintaining coordination with other hospital services.

[Statutory Authority: RCW 70.41.030. 87-03-030 (Order 2464), § 248-18-321, filed 1/14/87.]

WAC 248-18-440 Records and reports--Medical record system. Each hospital shall have a well-defined medical record system with facilities, staff, equipment, and supplies necessary to develop, maintain, control, analyze, retrieve, and preserve patient care data and medical records.

- (1) Medical record service. Hospitals shall establish an organized medical record service, consistent with recognized principles of medical record management, directed, staffed, and equipped to ensure:

(a) Timely, complete and accurate checking, processing, indexing, filing, and preservation of medical records; and

(b) The compilation, maintenance, and distribution of patient care statistics.

(2) Policies and procedures related to medical record system. Hospitals shall establish and follow current written policies and procedures related to the medical record system, including requirements for:

(a) An established format for patients' individual medical records;

(b) Access to and release of data in patients' individual medical records and other medical data considering the confidential nature of information in these records;

(c) The retention, preservation, and destruction of medical records; and

(d) Maintenance and disposition of medical and other records in Washington state owned or operated hospitals as required in chapter 40.14 RCW and rules promulgated under chapter 40.14 RCW.

(3) Patients' medical records, general. Hospitals shall:

(a) Develop and maintain an individual medical record for each person, including each neonate, receiving care, treatment, or diagnostic service at the hospital except as permitted in subsection (4)(b) of this section;

(b) Establish a systematic method for identifying each patient's medical record or records to allow ready identification, filing, and retrieval of all of the patient's record or records;

(c) Require prompt, pertinent entries in a patient's medical record on:

(i) A significant observation;

(ii) Any diagnostic or treatment procedure; and

(iii) Other significant events in a patient's clinical course or care and treatment.

(d) Require entries to include:

(i) A date;

(ii) Authentication by the individual assuming responsibility for the entry; and

(iii) A time in accordance with hospital policy.

(e) File the originals or durable, legible, direct copies of originals of reports in patients' individual medical records;

(f) Enter all diagnoses and operative procedures in patients' medical records in terminology consistent with a recognized system of disease and operations nomenclature;

(g) Require legible entries in a patient's medical record which are:

(i) Written in ink;

(ii) Typewritten; or

(iii) Recorded on a computer terminal designed to receive such information.

(4) Hospitals may:

(a) Store entries on magnetic tapes, discs, or other devices suited to the storage of data;

(b) Maintain a simple record system instead of the individual medical records required under subsections (3) and (4)(c) of this section for patients receiving only referred outpatient diagnostic services, as defined in WAC 248-18-001, provided the system permits:

(i) Identification of patient; and

(ii) Filing and retrieval of authenticated reports on all tests or examinations provided to any patient receiving services.

(c) Limit content in individual medical records for patients who would be considered referred outpatients, except for use of parenteral injections during diagnostic tests to:

(i) Relevant history and physical findings where indicated;

(ii) Known allergies or idiosyncratic reactions;

(iii) Diagnostic interpretation;

(iv) Written consent; and

(v) Identifying admission data.

(5) Patients' medical records, content. Hospitals shall require and ensure entry of the following data into a medical record for each period a patient receives inpatient or outpatient services with exceptions only as specified in subsection (4) of this section and WAC 248-18-285(6):

(a) Admission data including:

(i) Identifying and sociological data;

(ii) The full name, address, and telephone number of the patient's next of kin or, when indicated, another person with legal authority over the person of the patient;

(iii) The date of the patient's admission as an inpatient or outpatient;

(iv) The name or names of the patient's attending physician or physicians; and

(v) The admitting or provisional diagnosis or description of 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:

(i) Any drug or other therapy administered to a patient;

(ii) Any diet served to the patient;

(iii) Any standing medical orders used in the care and treatment of the patient except standing medical emergency orders; and

(iv) Any restraint of the patient.

(f) Reports on all:

(i) Roentgenologic examinations;

(ii) Clinical laboratory tests or examinations;

(iii) Macroscopic and microscopic examinations of tissue;

(iv) Other diagnostic procedures or examinations performed upon the patient; and

(v) Specimens obtained from the patient.

(g) An entry on each administration of therapy, including drug therapy, to the patient;

(h) Entries on nursing services to the patient including:

(i) A report on all significant nursing observations and assessments of the patient's condition or response to care and treatment;

(ii) Nursing interventions and other significant direct nursing care including all administration of drugs or other therapy;

(iii) 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

(iv) A record of other significant nursing action on behalf of the patient.

(i) An entry on any significant health education, training, or instruction provided to the patient or family related to the patient's health care;

(j) An entry on any social services provided the patient;

(k) An entry regarding:

(i) Any adverse drug reaction of the patient; and

(ii) Any other untoward incident or accident occurring during hospitalization or outpatient visit and involving the patient.

(l) Operative report or reports on all surgery performed upon the patient;

(m) An entry or report on each anesthetic administered to the patient;

(n) Report or reports on consultation or consultations concerning the patient;

(o) Reports on labor, delivery, and postpartum period for any woman giving birth to a child in the hospital;

(p) Infant status data for any infant born in or enroute to the hospital including:

(i) The date and time of birth;

(ii) Condition at birth or upon arrival at the hospital;

(iii) Sex; and

(iv) Weight, if condition permits weighing.

(q) Progress notes describing the results of treatment and changes in the patient's condition and portraying the patient's clinical course in chronological sequence;

(r) In the event of an inpatient leaving without medical approval, an entry on:

(i) Any known events leading to the patient's decision to leave;

(ii) A record of notification of the physician regarding the patient's leaving; and

(iii) The time of the patient's departure.

(s) Discharge data including:

(i) The final diagnosis or diagnoses;

(ii) Any associated or secondary diagnoses or complications; and

(iii) The titles of all operations performed upon the patient; and

(iv) A discharge summary for any inpatient whose hospitalization exceeded forty-eight hours, except a normal newborn infant or normal obstetrical patient, to:

(A) Recapitulate significant clinical findings and events during the patient's hospitalization;

(B) Describe the patient's condition upon discharge or transfer; and

(C) Summarize any recommendations and arrangements for future care of the patient.

(t) An entry on any transmittal of medical and related data regarding the patient to a health care facility or agency or other community resource when the patient was referred or transferred;

(u) In event of the patient's death in the hospital, entries, reports, and authorizations including:

(i) A pronouncement of death;

(ii) An authorization for the autopsy, if performed;

(iii) A report on the autopsy, if performed, including findings and conclusions; and

(iv) An entry on release of the patient's body to a mortuary or coroner or medical examiner.

(v) 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 with legal authority over the person of the patient;

(w) The relationship, legal or familial, of the signer to the patient clearly stated when a person other than the patient gives written consent, or authorizes treatment, or signs a release.

(6) Hospitals shall regard materials obtained through procedures employed in diagnosing a patient's condition or assessing the patient's clinical course as original clinical evidence excluded from requirements for content of medical records in subsection (5) of this section. Original clinical evidence includes, but is not limited to:

(a) X-ray films;

(b) Laboratory slides;

(c) Tissue specimens; and

(d) Medical photographs.

(7) Registers.

(a) Hospitals shall maintain current registers with data entered in chronological order including:

(i) An inpatient register containing at least the following data for each inpatient admission:

(A) The patient's identifying number;

(B) The patient's full name, and birth date or age; and

(C) The date of the patient's admission.

(ii) One or more outpatient registers other than registers for emergency care services to:

(A) Contain sufficient data on each outpatient to ensure positive identification; and

(B) Permit rapid retrieval of all of the outpatient's medical record or records when indicated.

(iii) An emergency service register as required under WAC 248-18-285 (6)(a);

(iv) An operation register containing at least the following data for each operation performed in a hospital surgery:

(A) The date;

(B) The identifying number and full name of the patient;

(C) The descriptive name of the operation;

(D) The names of the surgeon and the surgeon's assistant or assistants;

(E) The type of anesthesia; and

(F) The name and title of the person who administered the anesthesia.

(b) Hospitals may maintain separate registers or suitable combinations of registers if the combined register contains data for each specific register as required in subsection (7)(a) of this section.

(8) Indexes. Hospitals shall establish and maintain:

(a) A master patient index containing a master reference card or equivalent for each person receiving inpatient or outpatient care or treatment in the hospital.

(i) Master reference cards or equivalent shall contain:

(A) The patient's medical record number or numbers;

(B) The patient's full name; and

(C) The patient's date of birth.

(ii) Master patient indexes may be omitted for:

(A) Referred outpatients; and

(B) Outpatient emergency patients provided the hospital retains and preserves an emergency service register for the same period of time as the medical record.

(b) Current indexes with required entries on index cards or equivalent completed within three months after discharge or transfer of the patient;

(c) A disease index containing index cards or equivalent for all categories of diseases or conditions treated in the hospital on an inpatient basis with entries on index card or cards for a given category of disease including:

(i) The identifying number, sex, and age of each patient treated for that category of disease; and

(ii) The code for the particular disease or condition for which each patient was treated.

(d) An operation index containing index cards or equivalent for all categories of operations performed in a hospital surgery on an inpatient or outpatient basis with entries on the index card or cards for a given category of operation with:

(i) Identifying information including the medical record number, age, and sex of each patient upon whom that category of operation was performed; and

(ii) The code for the particular operative procedure performed upon each patient.

(e) Codes for entries in the disease and operation indexes in accordance with the coding system and the recognized diagnostic classification system of disease and operation nomenclature adopted by the hospital;

(f) A physicians' index, separate or combined with the disease and operation indexes, as follows:

(i) A combined physician's-disease operation index with the name or code number of the physician treating the patient to whom a particular entry pertains; or

(ii) A separate physicians' index containing:

(A) A record for every member of the hospital's medical staff; and

(B) Entries on each physician's index card or equivalent record including the medical record number or name of each patient the particular physician treated in the hospital on an inpatient basis.

(9) Reports on hospital services. Hospitals shall prepare the following separate or combined reports:

(a) Census reports including:

(i) A daily inpatient census report on admissions to inpatient services, births, and discharges including deaths and transfers to another health care facility; and

(ii) Regular monthly or more frequent 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. Hospitals shall:

(a) Control access to patients' individual medical records and other personal or medical data on patients;

(b) Prevent access to records by unauthorized persons;

(c) Protect medical records and other personal and medical data from undue deterioration or destruction; and

(d) Maintain a system permitting easy retrieval of medical records and information for medical or administrative purposes.

(11) Retention, preservation, and final disposal of medical records and other patient care data and reports.

(a) Hospitals shall retain and preserve:

(i) Each patient's medical record or records, excluding reports on referred outpatient diagnostic services for a period of:

(A) No less than ten years following the most recent discharge of the adult patient; or

(B) For patients who are minors at the time of care, treatment, or diagnosis, no less than three years following the date upon which the minor patient attained the age of eighteen years or ten years following the most recent discharge, whichever is longer.

(ii) Reports on referred outpatient diagnostic services for at least two years;

(iii) A master patient index card (or equivalent) for 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;

(iv) Data in the inpatient and outpatient registers for at least three years;

(v) Data in an emergency service register for at least the same period of time as the medical record or records for any patient on whom data were entered in the register;

(vi) Data in the operation register, the disease and operation indexes, the physicians' index, and annual reports on analyses of hospital services for at least three years; and

(vii) Patients' medical records, registers, indexes, and analyses of hospital service in original form or in photographic form in accordance with the provisions of chapter 5.46 RCW.

(b) A hospital may elect to retain and preserve an emergency service register for only three years after last entry if the hospital includes all outpatient emergency care patients in the master patient index.

(c) During final disposal, each hospital shall prevent retrieval and subsequent use of any data permitting identification of individuals in relation to personal or medical information.

(d) In event of transfer of ownership of the hospital, the hospital shall keep patients' medical records, registers, indexes, and analyses of hospital services in the hospital to be retained and preserved by the new owner in accordance with state statutes and regulations.

(e) If the hospital ceases operation, the hospital shall:

(i) 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; and

(ii) Obtain approval of the department for the planned arrangements 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 this section.

(13) Nothing in these regulations shall be construed to prohibit hospitals from collecting additional health and/or medical information or retaining medical records beyond the statutory requirements.

[Statutory Authority: RCW 70.41.030. 88-18-021 (Order 2680), § 248-18-440, filed 8/30/88; 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.]

WAC 248-18-445 Discharge planning. Hospitals shall:

(1) Establish and maintain a system for discharge planning and designate a person responsible for system management and implementation;

(2) Establish written policies and procedures to:

(a) Identify patients needing further nursing, therapy, or supportive care following discharge from the hospital;

(b) Develop a documented discharge plan for each identified patient including:

(i) Coordinate with patient and family or caregiver, as appropriate;

(ii) Coordinate with appropriate members of the health care team; and

(iii) Coordinate with the receiving agency or agencies, when necessary.

(c) Notify referral agencies, minimally to include verbal contact and communication regarding:

(i) Relevant patient history;

(ii) Specific care requirements including equipment, supplies, and medications needed; and

(iii) Date care is to be initiated.

(d) For those patients identified under subsection (2)(a) of this section, assess and document needs and implement discharge plans to the extent possible by the hospital.

[Statutory Authority: RCW 70.41.030. 88-18-020 (Order 2679), § 248-18-445, filed 8/30/88.]

NEW CONSTRUCTION REGULATIONS

WAC 248-18-515 Design and construction standards, general. (1) Exemptions, substitutions, and interpretations. A hospital may request an exemption, substitution, or interpretation as described in WAC 248-18-010.

(2) Industry standards, guides, and codes adopted by reference.

(a) At least once every two years, the department shall:

(i) Review industry standards referenced in the construction section of chapter 248-18 WAC and update, as necessary; and

(ii) Adopt the revised list of referenced standards, if required.

(b) Hospitals shall:

(i) Submit preliminary drawings for hospital construction projects conforming to industry standards, guides, and codes appearing in the current chapter 248-18 WAC;

(ii) Follow applicable standards, guides, and codes of chapter 248-18 WAC existing at the time the preliminary document was submitted for the duration of construction project; except as specified in subsection (2)(c) of this section.

(c) The department may respond to a hospital's written request by giving written approval to use a more recent edition of an industry standard, guide, or code under the following conditions:

(i) The standard, guide, or code was adopted after preliminary drawings were developed; and

(ii) The request is received by the department prior to the department's final approval of project design and authorization for construction per WAC 248-18-510 (3)(a).

(3) Hospitals and the department shall interpret construction WAC as follows:

(a) Rules concerning the size, location, function, and major equipment of rooms and areas are generally found under headings for particular departments or facilities;

(b) Some service facilities common to several departments or units are grouped under "GENERAL REQUIREMENTS FOR SERVICE FACILITIES," WAC 248-18-710;

(c) Mechanical and electrical requirements and detailed architectural requirements are included in "GENERAL DESIGN REQUIREMENTS," WAC 248-18-718;

(d) Equipment specified in rule includes only equipment frequently built in or attached to the building;

(e) WAC section titles describe the category of facilities, requirements, or information to which the contents of that section relates; and

(f) In "NEW CONSTRUCTION REGULATIONS," WAC 248-18-500 through 248-18-718 and WAC 248-18-99902:

(i) Capital letters designate a requirement or all requirements;

(ii) Lower case letters designate options, suggestions, recommendations, or explanations;

(iii) Hospitals including any equipment, area, room, unit, service, or other facility designated in lower case letters (suggested or optional) shall comply with applicable standards in chapter 248-18 WAC;

(iv) If a WAC title denotes a unit, service, department, or other category of facilities required only under certain circumstances:

(A) The circumstances are stated following the title; and

(B) If included, constructed according to applicable rules and standards in chapter 248-18 WAC.

(v) The words "Optional. SHALL MEET REQUIREMENTS, IF INCLUDED." following a WAC title indicate:

(A) The particular unit, service, department, or other category of facilities is only recommended and not mandatory; and

(B) If included, constructed according to applicable rules and standards in chapter 248-18 WAC.

[Statutory Authority: RCW 70.41.030. 88-23-083 (Order 2729), § 248-18-515, filed 11/18/88. Statutory Authority: 1985 c 213. 86-08-002 (Order 2348), § 248-18-515, filed 3/20/86. Statutory Authority: RCW 70.41.30 [70.41.030]. 81-05-029 (Order 209), § 248-18-515, filed 2/18/81; Order 119, § 248-18-515, filed 5/23/75; Order 50, § 248-18-515, filed 12/17/70; Order 22, § 248-18-515, filed 6/27/69; Regulation 18.530, filed 1/25/62.]

WAC 248-18-655 Radiology facilities. ²¹ (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515.)

(1) RADIOLOGY FACILITIES, GENERAL.

(a) LOCATED FOR CONVENIENT TRANSPORT OF PATIENTS FROM EMERGENCY DEPARTMENT, SURGERY SUITE, AND NURSING UNITS, and for access by outpatients.

(b) LOCATED SO OUTPATIENT TRAFFIC THROUGH INPATIENT AREAS WILL BE AVOIDED.

(c) GROUNDING OF TABLE, TUBE STAND AND CONTROLS, OR ANY ASSOCIATED ELECTRICAL APPARATUS AS SPECIFIED BY THE NATIONAL ELECTRICAL CODE, NFPA 70 referred to in WAC 248-18-99902(13).

(d) INSTALLATIONS OF X-RAY EQUIPMENT, COBALT-60, OR OTHER SOURCES OF IONIZING RADIATION, AND RADIATION PROTECTION OF FLOORS, DOORS, WALLS, AND CEILINGS AS SPECIFIED IN NATIONAL COUNCIL ON RADIATION PROTECTION HANDBOOK NO. 49 REFERRED TO IN WAC 248-18-99902(18).

(2) ADMINISTRATIVE FACILITIES. Need not be in separate rooms.

(a) OFFICE AREA.

Equipment:

Telephones.

Bulletin board.

Electric clock.

(b) VIEWING AREA.

EQUIPMENT:

FILM ILLUMINATORS.⁶

(c) FILM FILE AREA (ACTIVE).

(d) FILM STORAGE (INACTIVE).

Need not be located with other radiology facilities.

(3) WAITING AREA.

(a) May be shared with suitable waiting areas for other hospital services if adjacent.

(b) SUITABLE SPACE FOR WHEELCHAIR AND STRETCHER PATIENTS.

(c) Not required in hospitals of less than twenty-five beds.

(4) RADIOGRAPHIC ROOM.

(a) AT LEAST ONE FOR EVERY HOSPITAL. IN HOSPITALS OF ONE HUNDRED FIFTY BEDS AND OVER (EXCLUDING BEDS IN NURSING HOME AND PSYCHIATRIC UNITS) MINIMUM OF ONE ADDITIONAL RADIOGRAPHY ROOM.

(b) DESIGNED TO PERMIT ACCESS FOR WHEELED STRETCHER OR BED.

(c) CONTROL AREA WITH RADIATION PROTECTIVE BARRIER.

(5) FACILITIES FOR FLUOROSCOPY.

(a) May be separate or combined with radiographic room.

(b) LIGHT PROOF.

(6) BARIUM PREPARATION AREA.

(a) BARIUM SINK WITH WORK COUNTER.

(b) STORAGE FACILITIES.¹⁸

(7) DARKROOM.

(a) LIGHT PROOF.

(b) EQUIPMENT:

SAFELITE.

DEVELOPING TANK - Thermostatic mixing valve.

FILM STORAGE.⁶

WORK COUNTER.

SINK OR LAVATORY.

PROVISION FOR FILM DRYING.⁶

FILM ILLUMINATOR.⁶

Lightproof cassette passbox to radiographic room.

(8) DRESSING AREA.

(a) ROOMS OR BOOTHS LOCATED FOR PRIVACY ENROUTE TO RADIOGRAPHIC ROOMS AND TOILET ROOMS.

(b) Two for each radiographic room recommended.

(c) GOWN STORAGE.^{6,18}

(d) SPACE FOR LINEN HAMPER.

(9) TOILET ROOM.

LOCATED FOR READY ACCESS FROM EACH RADIOGRAPHIC ROOM.

(10) Therapy room.

(11) HOUSEKEEPING FACILITIES.⁵

Suitable combination with other housekeeping facilities permitted if convenient to radiology facilities.

Notes:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES.

⁶May be movable equipment.

¹⁸See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

²¹Refer to "Rules and Regulations for Radiation Protection" of the Washington State Department of Social and Health Services, Title 402 WAC.

[Statutory Authority: RCW 70.41.030. 88-16-086 (Order 2667), § 248-18-655, filed 8/2/88. Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-655, filed 9/20/83; Order 119, § 248-18-655, filed 5/23/75; Regulation 18.650, filed 1/25/62.]

WAC 248-18-660 Laboratory facilities. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515.) NUMBER, SIZE, AND TYPE OF FACILITIES DEPENDENT UPON TYPE AND ANTICIPATED VOLUME OF LABORATORY WORK AS PRESENTED IN FUNCTIONAL PROGRAM.

(1) LABORATORY, GENERAL.

(a) LOCATED TO AVOID OUTPATIENT TRAFFIC THROUGH INPATIENT AREAS.

(b) ELECTRICAL SERVICE. EMERGENCY POWER TO CRITICAL LABORATORY AREAS.

(c) NOISE ATTENUATION.²⁴

(d) PIPED UTILITY VALVES AND WASTE LINE CLEAN-OUTS ACCESSIBLE FOR REPAIR AND MAINTENANCE.

(e) WAITING AREA AVAILABLE.²⁴

(f) WORK AREAS FOR TECHNICAL, CLERICAL, AND ADMINISTRATIVE STAFF, FILES, AND STORAGE AREAS.²⁴

(g) STAFF TOILET CONVENIENT TO LABORATORY.

(2) EQUIPMENT - LABORATORY GENERAL:

(a) WORK COUNTER OR COUNTERS AT LEAST TWENTY-FOUR INCHES DEEP (FREE WORK SPACE) AND TWENTY-EIGHT INCHES HIGH AND OF SUFFICIENT DEPTH, HEIGHT, AND LENGTH TO ACCOMMODATE LABORATORY EQUIPMENT AND WORK PROCEDURES.^{20, 24}

(b) KNEE HOLE SPACES AT WORK STATIONS.²⁴

(c) SINK OR SINKS IN TESTING AREA OR AREAS.^{19, 24}

(d) SPACE FOR FREESTANDING EQUIPMENT.²⁴

(e) SPACE FOR CHAIRS AND/OR STOOLS AT WORK STATIONS.²⁴

(f) EASILY ACCESSIBLE EMERGENCY SHOWERS WITH FLOOR DRAINS AND EYE WASHERS.²⁴

(g) DRAINAGE FOR EQUIPMENT AND WASTE DISPOSAL.²⁴

(3) HOUSEKEEPING FACILITIES WHICH ARE SEPARATE OR SUITABLY COMBINED WITH OTHER HOUSEKEEPING FACILITIES CONVENIENT TO THE LABORATORY FACILITIES.⁵

(4) BLOOD DRAWING FACILITIES.

(a) ROOM OR PRIVATE AREA SEPARATE FROM LABORATORY TESTING AREA.

(b) EQUIPMENT.

(i) WORK COUNTER.⁶

(ii) LAVATORY.

(iii) SPACE TO ACCOMMODATE ADULT WHEELCHAIR AND ACCOMMODATION FOR INFANTS.

(5) WHEELCHAIR ACCESSIBLE PATIENT TOILET.

(a) LOCATED CONVENIENT TO LABORATORY.

(b) OPEN SHELF IN TOILET.

(6) CLEAN-UP, DECONTAMINATION, BIOHAZARDOUS WASTE COLLECTION, OR SOILED UTILITY FACILITIES IN LABORATORY OR ELSEWHERE.²⁴

(7) WHEN PROVIDED IN FUNCTIONAL PROGRAM, SPECIMEN PREPARATION FACILITY SHALL INCLUDE THE FOLLOWING:²⁴

(a) LOCATED IN OR ADJACENT TO LABORATORY.

(b) EQUIPMENT AS REQUIRED IN SUBSECTION (2) OF THIS SECTION.

(8) WHEN PROVIDED IN FUNCTIONAL PROGRAM, A MEDIA PREPARATION FACILITY SHALL INCLUDE A ROOM OR AREA MEETING VENTILATION REQUIREMENTS SPECIFIED IN WAC 248-18-718.²⁴

(9) WHEN PROVIDED IN FUNCTIONAL PROGRAM, A REAGENT PREPARATION FACILITY SHALL INCLUDE EQUIPMENT AS REQUIRED IN SUBSECTION (2) OF THIS SECTION WITH THE FOLLOWING DIFFERENCES OR EXCEPTIONS:²⁴

(a) SPACE FOR VIBRATION-FREE BALANCE TABLE UNLESS AVAILABLE ELSEWHERE IN LABORATORY.

(b) EQUIPMENT FOR PREPARATION OF REAGENT WATER OR OUTLET FOR PIPED REAGENT WATER PREPARED ELSEWHERE.²⁴

(10) WHEN PROVIDED IN FUNCTIONAL PROGRAM, MICROBIOLOGY FACILITY SHALL INCLUDE:²⁴

(a) SEPARATE ENCLOSED ROOM OR AN AREA LOCATED AWAY FROM TRAFFIC FLOW.

(b) EQUIPMENT AS REQUIRED IN SUBSECTION (2) OF THIS SECTION WITH THE FOLLOWING DIFFERENCES OR EXCEPTIONS:

(i) SPACE FOR SPECIAL GAS CYLINDERS WITH SAFETY FASTENERS UNLESS ALL GAS IS PIPED IN.

(ii) FOR HIGHLY INFECTIOUS MATERIALS (INCLUDING BUT NOT LIMITED TO TUBERCLE BACILLUS, VIRUS, SYSTEMIC MYCOLOGY), PROVIDE ADDITIONAL ENCLOSED AREA WITH COUNTERS, SINK, STORAGE, AND BIOLOGICAL SAFETY CABINET OR LAMINAR FLOW HOOD.²⁴

(11) WHEN PROVIDED IN FUNCTIONAL PROGRAM, BLOOD BANK FACILITY SHALL INCLUDE:

(a) EQUIPMENT AS REQUIRED IN SUBSECTION (2) OF THIS SECTION,

(b) A BLOOD BANK REFRIGERATOR EQUIPPED WITH HIGH AND LOW TEMPERATURE ALARM WHICH SIGNALS IN STAFFED AREA, AND

(c) EMERGENCY POWER.

(12) CHEMISTRY FACILITIES, WHEN PROVIDED IN FUNCTIONAL PROGRAM SHALL INCLUDE EQUIPMENT AS REQUIRED IN SUBSECTION (2) OF THIS SECTION WITH THE FOLLOWING DIFFERENCES OR EXCEPTIONS.

(a) FUME HOOD WHEN ANY PROCEDURE PRODUCES DANGEROUS, TOXIC, OR NOXIOUS FUMES.²⁴

(b) SPECIAL EQUIPMENT PROPERLY VENTED AS PER MANUFACTURER'S INSTRUCTIONS (e.g., atomic absorption).²⁴

(c) SPECIAL GASES PIPED IN OR SPACE FOR SPECIAL GAS CYLINDERS WITH SAFETY FASTENERS (WHEN SPECIAL GASES REQUIRED FOR PROCEDURES).²⁴

(13) WHEN PROVIDED IN FUNCTIONAL PROGRAM, CYTOLOGY FACILITY SHALL INCLUDE EQUIPMENT AS REQUIRED IN SUBSECTION (2) OF THIS SECTION AND FORCED AIR EXHAUST VENTILATION OVER STAINING AREA.

(14) WHEN INCLUDED IN FUNCTIONAL PROGRAM, HEMATOLOGY FACILITIES SHALL BE LOCATED AS REQUIRED IN SUBSECTION (1) OF THIS SECTION AND EQUIPPED AS IN SUBSECTION (2) OF THIS SECTION.

(15) WHEN PROVIDED IN FUNCTIONAL PROGRAM, HISTOLOGY FACILITIES SHALL INCLUDE:

(a) LOCATED IN A SEPARATE ROOM OR AREA.

(b) EQUIPMENT AS REQUIRED IN SUBSECTION (2) OF THIS SECTION WITH THE FOLLOWING DIFFERENCES OR EXCEPTIONS:

(i) FUME HOOD OR FORCED AIR LOCATED TO EXHAUST TISSUE PROCESSING EQUIPMENT AND AREAS AS NECESSARY.

(ii) SPACE FOR FROZEN SECTION EQUIPMENT WHEN FROZEN SECTIONS ARE TO BE PERFORMED IN THIS AREA.²⁴

(16) MORGUE FACILITIES WHEN IN FUNCTIONAL PROGRAMS SHALL INCLUDE:²⁴

(a) LOCATED TO ACCOMMODATE TRANSPORTATION OF BODIES VIA LEAST PUBLIC USE CORRIDOR OR CORRIDORS.

(b) REFRIGERATION FOR BODY STORAGE.

(c) SPACE FOR HOUSEKEEPING EQUIPMENT.²⁴

(17) AUTOPSY ROOM WHEN IN FUNCTIONAL PROGRAM SHALL INCLUDE:

(a) LOCATION CONVENIENT TO MORGUE.

(b) EQUIPMENT.

(i) AUTOPSY TABLE WITH WATER SUPPLY, SUCTION OUTLET, AND APPROPRIATE DRAIN.

(ii) SPACE FOR DISSECTION TABLE OR COUNTER (MAY BE PART OF AUTOPSY TABLE).⁶

(iii) FLOOR DRAIN.

(iv) SCRUB SINK.

(v) STORAGE FOR SUPPLIES AND EQUIPMENT.⁶

(vi) INSTRUMENT STERILIZER UNLESS PROVIDED ELSEWHERE.

(vii) CLINIC SERVICE SINK (SIPHON JET) OR OTHER TISSUE DISPOSAL SYSTEM.

(viii) CHANGING ROOM AND SHOWER.²⁴

(c) SPACE FOR HOUSEKEEPING EQUIPMENT.²⁴

(18) WHEN PROVIDED IN FUNCTIONAL PROGRAM, ANIMAL QUARTERS WHICH SHALL INCLUDE:

(a) LOCKED APART FROM LABORATORY AND TO AVOID ANNOYANCE.

(b) ADEQUATE FACILITIES BASED UPON TYPES AND EXTENT OF USAGE OF ANIMALS IN LABORATORY WORK, INCLUDING PROVISIONS FOR FOOD AND SUPPLY STORAGE, HANDWASHING, DISPOSAL OF WASTES AND DEAD ANIMALS, CLEANING AND SANITIZING OF QUARTERS AND CAGES, AND LOCKED ISOLATION OF INOCULATED ANIMALS.

NOTES:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES.

⁶May be movable equipment.

¹⁹CORROSION RESISTANT - Stainless steel recommended.

²⁰IMPERMEABLE SURFACE.

²⁴IN ACCORDANCE WITH PROGRAM.

[Statutory Authority: RCW 70.41.030. 87-23-056 (Order 2560), § 248-18-660, filed 11/18/87. Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-660, filed 9/20/83; Order 119, § 248-18-660, filed 5/23/75; § 248-18-660(10), filed 10/3/67; Regulation 18.660, filed 1/25/62.]

WAC 248-18-662 Electrocardiography facilities. Optional, SHALL MEET REQUIREMENTS, IF INCLUDED.

(1) LOCATED OUTSIDE LABORATORY TESTING AREAS IN DESIGNATED ROOM OR AREA FREE FROM EXCESSIVE NOISE AND PROVIDING PRIVACY FOR PATIENTS.

(2) MINIMUM DIMENSION OF EIGHT FEET AND MINIMUM AREA OF EIGHTY SQUARE FEET.

(3) WHEN STRESS TEST FACILITY, MINIMUM AREA ONE HUNDRED FIFTY SQUARE FEET AND VERTICAL HEIGHT NINE FEET.

(4) EQUIPMENT:

(a) LAVATORY OR SINK IN OR CONVENIENT TO ROOM.

(b) SPACE FOR ELECTROCARDIOGRAPHIC MACHINE.

(c) CLOTHES HOOK OR HOOKS.

(d) LINEN STORAGE AND DISPOSAL FACILITIES OR SPACE IN OR CONVENIENT TO ROOM.⁶

(e) MEDICAL EMERGENCY SIGNAL DEVICE.

(i) REGISTER BY DISTINCTIVE LIGHT AT CORRIDOR DOOR OR EQUIVALENT LOCATOR SYSTEM,

(ii) REGISTER BY DISTINCTIVE VISUAL AND AUDIBLE SIGNALS AT LOCATIONS FROM WHICH ADDITIONAL ASSISTANCE IS ALWAYS AVAILABLE, AND

(iii) RESET ONLY AT POINT OF ORIGIN.

(f) RECORD FILING FACILITY OR SPACE IN OR CONVENIENT TO ROOM OR ROOMS.⁶

FOOTNOTE: ⁶May be movable equipment.

[Statutory Authority: RCW 70.41.030. 87-03-030 (Order 2464), § 248-18-662, filed 1/14/87.]

WAC 248-18-663 Electroencephalography facilities. Optional, SHALL MEET REQUIREMENTS, IF INCLUDED.

(1) LOCATED OUTSIDE OF LABORATORY TESTING AREAS IN DESIGNATED ROOM OR AREA FREE FROM EXCESSIVE NOISE AND PROVIDING PRIVACY FOR PATIENTS.

(2) NOISE ATTENUATION MATERIALS IN WALLS AND CEILINGS.

(3) MINIMUM DIMENSION OF EIGHT FEET AND MINIMUM AREA OF ONE HUNDRED SQUARE FEET.

(4) EQUIPMENT:

(a) LAVATORY OR SINK IN ROOM OR NEARBY.

(b) ADMINISTRATIVE OR CLERICAL AREA LOCATED IN SEPARATE ROOM FROM TESTING AREA.

(c) CLOTHES HOOK OR HOOKS.

(d) LINEN STORAGE AND DISPOSAL FACILITIES OR SPACE IN OR CONVENIENT TO ROOM.⁶

(e) MEDICAL EMERGENCY SIGNAL DEVICE TO:

(i) REGISTER BY DISTINCTIVE LIGHT AT CORRIDOR DOOR OR EQUIVALENT LOCATOR SYSTEM,

(ii) REGISTER BY DISTINCTIVE VISUAL AND AUDIBLE SIGNALS AT LOCATIONS FROM WHICH ADDITIONAL ASSISTANCE IS ALWAYS AVAILABLE, AND

(iii) RESET ONLY AT POINT OF ORIGIN.

FOOTNOTE: ⁶May be movable equipment.

[Statutory Authority: RCW 70.41.030. 87-03-030 (Order 2464), § 248-18-663, filed 1/14/87.]

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 NON-PATIENT 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. GRADE³⁷ 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 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 EQUIVALENT⁴¹ 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 EQUIVALENT⁴¹ 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 99. 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	FILTER EFFICIENCIES (Percent)***		FILTER BED NO. 2
	MINIMUM NUMBER OF FILTER BEDS	FILTER BED NO. 1	
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 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 VENTILATION⁶
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 Rooms (Cardiac Catherizations)	PP ¹	12	12	Yes	No
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

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. 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
3. Blood Drawing Area or Room	P	2	4	Optional	Optional
4. General Laboratory Rooms, i.e., Hematology, 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, Folding & 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

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 ⁵	ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS	RECIRCULATED WITHIN ROOM UNITS
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
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 CARE⁴³ 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 UNITS⁴³ 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 LIGHT⁶ 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 UNITS⁴³ 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 ILLUMINATORS⁶ 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. 88-16-086 (Order 2667), § 248-18-718, filed 8/2/88. Statutory Authority: 1985 c 213. 86-08-002 (Order 2348), § 248-18-718, filed 3/20/86. 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 12, 1987.

(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 - five volumes: 1987 HVAC Systems and Applications; 1983 Equipment; 1985 Fundamentals; 1986 Refrigeration.

(3) UNIFORM PLUMBING CODE, International Association of Plumbing and Mechanical Officials (IAPMO), 1985 edition.

(4) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA), 99, Chapter 4, 1987.

(5) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA), 90A-1985.

(6) Food Service Equipment Standards of the National Sanitation Foundation, 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), 1985 edition.

(9) UNDERWRITERS LABORATORIES (UL), 181 Factory Made Air Ducts and Connectors, 1984 edition.

(10) SHEET METAL AND AIR CONDITIONING CONTRACTORS' NATIONAL ASSOCIATION, INC., (SMACNA), Duct Liner Application Standard, 1985.

(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), 1987 Application Volume.

(13) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 70-1987.

(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) 30-1987.

(16) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 99, CHAPTER 7, 1987.

(17) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 43C-1986.

(18) NATIONAL COUNCIL ON RADIATION PROTECTION HANDBOOK NO. 49.

[Statutory Authority: RCW 70.41.030. 88-16-086 (Order 2667), § 248-18-99902, filed 8/2/88; 87-04-061 (Order 2466), § 248-18-99902, filed 2/4/87. 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.]

WAC 248-18-99910 Appendix J--Guidelines for laboratory quality assurance program in hospitals. (1) Services.

(a) Hospitals shall ensure all in-hospital testing procedures performed on biological specimens, body fluids, or tissues comply with this section in terms of:

- (i) Sufficient equipment, and
- (ii) Appropriately trained staff.

(b) Hospitals allowing performance of tests on biological specimens in areas outside of the designated hospital laboratory but within the hospital shall provide evidence to the department on staff training and quality control as described in subsections (2)(b) and (3)(b)(i) through (iv) of this section.

(c) Hospitals where biological specimens are sent outside of the hospital for testing shall obtain and maintain evidence of laboratory quality control consistent with subsection (3)(a), (b), and (c) of this section.

(2) Personnel. Hospitals shall ensure:

(a) Twenty-four hour per day on-site or phone availability of:

- (i) Pathology services provided by a physician,

(ii) Appropriate technical consultation services.

(b) Appropriately trained personnel to perform each laboratory procedure.

(3) Quality control.

(a) Laboratories shall perform satisfactorily in a proficiency testing program approved by the department.

(b) Each hospital shall maintain a quality control program related to all tests on biological specimens including:

(i) Maintenance of current procedure manuals;

(ii) Functional verification, calibration, and preventive maintenance of instruments and equipment;

(iii) Demonstration of accuracy and precision of test results; and

(iv) Appropriate documentation.

(c) Hospitals shall establish and maintain:

(i) A timely, appropriate review of all test results, and

(ii) Quality control records.

(4) Facilities. Hospitals shall provide:

(a) Emergency power with sufficient outlets for blood bank refrigerators and other testing procedure equipment,

(b) Protection from power line voltage disturbance in certain electronic equipment, as necessary.

(c) Adequate space for:

(i) Patient safety;

(ii) Storage of materials, equipment, and supplies;

(iii) Electrical support functions; and

(iv) Performance and equipment associated with laboratory testing procedures.

(d) A signal to a staffed area from the blood refrigerator alarm.

(5) Reports and records. Hospitals shall:

(a) Make reports of test results available to appropriate authorized persons in a timely fashion, and

(b) Maintain a system for two-year retention and retrieval of laboratory test results and quality control records.

[Statutory Authority: RCW 70.41.030. 87-24-038 (Order 2560), § 248-18-99910, filed 11/25/87.]

Chapter 248-19 WAC

CERTIFICATE OF NEED--HOSPITALS AND NURSING HOMES

WAC

248-19-220

Definitions.

248-19-230

Applicability of chapter 248-19 WAC.

248-19-270

Letter of intent.

248-19-327

Concurrent review process.

248-19-328

Nursing home concurrent review cycles.

248-19-373

Determination of nursing home bed needs.

248-19-375

AIDS long-term care pilot facility performance standards.

248-19-440

Issuance, suspension, denial, revocation, and transfer of a certificate of need.

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) "Advisory review agencies" means the appropriate regional health council and, in the case of hospital projects, the hospital commission.

(3) "Affected persons" means:

(a) The applicant;

(b) The regional health council for the health service area where the proposed project is to be located;

(c) Regional health councils serving contiguous health service areas;

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

(e) Third-party payers reimbursing health care facilities in the health service area;

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

(g) Health care facilities and health maintenance organizations which have, in the twelve months prior to receipt of the application, submitted a letter of intent to provide similar services;

(h) Any person residing within the geographic area to be served by the applicant; and

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

(4) "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.

(5) "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.

(6) "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.

"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.

(7) "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.

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

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

(10) "Commencement of the project" means whichever of the following occurs first: In the case of a construction project, giving notice to proceed with construction to a contractor for a construction project; beginning site preparation or development; excavating or starting the foundation for a construction project; or beginning alterations, modification, improvement, extension, or expansion of an existing building. In the case of major medical equipment, installation. In the case of other projects, initiating a new institutional health service.

(11) "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.

(12) "Council" means the state health coordinating council established under the provisions of chapter 70.38 RCW and federal law.

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

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

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

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

(16) "Expenditure minimum" means one million dollars for the twelve-month period beginning with July 24,

1983, adjusted annually by the department according to the provisions of chapter 248-156 WAC.

(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 dialysis 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 federal law and implementing regulations, but does not include Christian Science sanatoriums operated or listed and certified by the First Church of Christ Scientist, Boston, Massachusetts. In addition, the term does not include any nonprofit hospital:

(a) Operated exclusively to provide health care services for children;

(b) Which does not charge fees for such services;

(c) Whose rate reviews are waived by the state hospital commission; and

(d) If not contrary to federal law as necessary to the receipt of federal funds by the state.

(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 (21)(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 service area" means a geographic region appropriate for effective health planning including a broad range of health services and a population of at least four hundred fifty thousand persons and is the basic subdivision for regional health councils.

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

(21) "Home health agency" means an entity which is, or is to be, certified as a provider of home health services in the Medicaid or Medicare program. A home health agency, issued a certificate of need as a new health care facility, is not required to obtain additional

certificate of need approval if Medicare or Medicaid certification has not been received by XXXXX.

(22) "Hospice" means an entity which is, or is to be, certified as a provider of hospice services in the Medicaid or Medicare program. A hospice, issued a certificate of need as a new health care facility, is not required to obtain additional certificate of need approval if Medicare or Medicaid certification has not been received by XXXXX.

(23) "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.

(24) "Hospital commission" means the Washington state hospital commission established pursuant to chapter 70.39 RCW.

(25) "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.

(26) "Institutional health services" means health services provided in or through health care facilities and entailing "annual operating costs" of at least five hundred thousand dollars for the twelve-month period beginning with July 24, 1983, and adjusted annually by the department according to the provisions of chapter 248-156 WAC; the "annual operating costs" are to include all additional costs that will be incurred as a result of the initiation of the service. This would include all direct costs and any incremental increases in ancillary and support services.

(27) "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.

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

(29) "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 which costs in excess of one million dollars, adjusted by the department according to the provisions of chapter 248-156 WAC. 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.

(30) "May" means an act is permitted, but not required.

(31) "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. 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. 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.

(32) "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 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.

(33) "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.

(34) "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.

(35) "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 the project" as this term is defined in this section.

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

(37) "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.

(38) "Regional health council" means a public or private nonprofit corporation organized in a manner consistent with the laws of the state and capable of performing each of the functions described in RCW 70.38.085. This term includes health systems agencies.

(39) "Regional health plan" means a document providing at least a statement of health goals and priorities for the health service area. In addition, the plan sets forth the number, type, and distribution of health facilities, services, and manpower needed within the health service area to meet the goals of the plan. The regional health plan is produced by the regional health council.

(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 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 subject to the provisions of chapter 248-19 WAC.

[Statutory Authority: RCW 70.38.135. 88-15-021 (Order 2639), § 248-19-220, filed 7/11/88; 86-06-030 (Order 2344), § 248-19-220, filed 2/28/86; 84-07-014 (Order 2082), § 248-19-220, filed 3/14/84; 81-09-012 (Order 210), § 248-19-220, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-220, filed 11/30/79.]

WAC 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 which substantially changes the services of the facility.

(i) The specific services subject to review under this subsection are limited to:

(A) Air ambulance services licensed under chapter 18.73 RCW including a change between fixed wing and rotor aircraft. This includes, but is not limited to, acquisition of aircraft or construction of landing facilities.

(B) Land ambulance services licensed under chapter 18.73 RCW.

(C) Brain electrical activity mapping.

(D) Burn services meaning a portion of an acute care facility equipped, organized, and assigned the function of the complete care, including rehabilitation, of persons suffering from a burn injury.

(E) Cardiac catheterization.

(F) Extracorporeal shock wave lithotripsy/extracorporeal pressure wave lithotripsy.

(G) Inpatient psychiatric services.

(H) Level II inpatient rehabilitation service. Patients treated in a Level II service should have moderate to severe impairment in two or more functional areas. Disability is frequently permanent and requires adjustments in lifestyle through intervention of at least two rehabilitation disciplines. Patients are treated in a separate unit, wing, or section staffed by nurses with specialized training and/or experience in rehabilitation. Care is provided by a rehabilitation team consisting of at least a rehabilitation nurse and physical, occupational, and speech therapists and headed by either a physiatrist or a physician with specialized training and/or experience in rehabilitation medicine. These services must have access to social, psychological, and/or prosthetic-orthotic services.

(I) Level III inpatient rehabilitation service. Level III rehabilitation services are those services for persons with usually nonreversible, multiple functional impairments of a moderate-to-severe complexity resulting in major changes in patient's lifestyle and require intervention by several rehabilitation disciplines. Services are provided by a multidisciplinary team, including those listed in subsection (1)(b)(i)(H) of this section and vocational counseling and managed by a physiatrist. The service is provided in a dedicated unit with a separate nurses station staffed by nurses with specialized training and/or experience in rehabilitation nursing. While the service may specialize (i.e., spinal cord injury, severe head trauma, etc.), it is able to treat all persons within the designated diagnostic specialization regardless of level of severity or complexity of the impairments.

(J) Basic inpatient pediatric services. These are services for uncomplicated pediatric cases and for pediatric cases requiring specialized equipment and personnel with specialty, but not subspecialty, skills and training. These services are not provided in a separate unit, but are in designated pediatric beds distinct from medical/surgical beds.

(K) Specialized inpatient pediatric services. These are services for complex pediatric cases requiring specialized

equipment as well as specialty and subspecialty personnel. These services are provided in dedicated pediatric units with a separate nurses' station.

(L) Magnetic resonance imaging.

(M) Intensive care neonatal services.

(N) Level I obstetrics services. This level provides services primarily for uncomplicated deliveries.

(O) Level II obstetrics services when a hospital does not already provide Level I obstetrics services. A Level II service provides a full range of maternal and neonatal services for uncomplicated patients. Level II units will also provide a full range of services for the majority of complicated obstetrical problems and certain neonatal illnesses. They will have a highly trained multidisciplinary staff.

(P) Level III obstetrics services. Level III obstetrics services are provided to those few women and infants requiring full intensive care services for the most serious type of maternal-fetal and neonatal illnesses and abnormalities. Such a service provides the coordination of care, communications, transfer, and transportation for a given region experiencing eight thousand to twelve thousand deliveries yearly. Level III services provide leadership in preparatory and continuing education in prenatal and perinatal care and may be involved in clinical and basic research.

(Q) Open-heart surgery.

(R) Heart transplantation service.

(S) Liver transplantation service.

(T) Solid organ transplantation other than heart and liver transplantation.

(U) Positron emission tomography.

(V) Megavoltage radiation therapy.

(W) End-stage renal dialysis.

(ii) The services listed in subsection (1)(b)(i) of this section are subject to review under any one of the following circumstances:

(A) The service was not offered on a regular basis within the twelve-month period prior to the time the service is proposed to be offered.

(B) An existing service is proposed to be terminated.

(C) A service is proposed to be offered at another health care facility, whether or not the service is currently offered at one or more existing sites, or an end-stage renal dialysis service is proposed to be offered at a new site.

(D) An increase in the number of rooms, suites, or stations used for cardiac catheterization, open-heart surgery, and end-stage renal dialysis.

(E) A change from a mobile to a fixed base service.

(F) The establishment of a new or different landing site for an air ambulance service.

(iii) The department shall review and periodically revise and update these coverage provisions. This shall be done through the adoption of rules and may be done on an emergency basis.

(c) Any capital expenditure by or on behalf of a health care facility exceeding the expenditure minimum as defined by WAC 248-19-220(18). 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 determined 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 a 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 arrangements² for such acquisition.

(g) The sale, purchase, or lease of part or all of an existing hospital as defined in RCW 70.39.020.

(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) 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.

(3) The extension, on a regular and ongoing 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.

(4) Any change in the number of dialysis stations in a kidney disease treatment center shall be considered to be a change in bed capacity of a health care facility.

(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 July 24, 1983, shall be reviewed and final action taken based on chapter 70.38 RCW and chapter 248-19 WAC as in effect prior to July 24, 1983.

(9) 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. 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.

(10) Any capital expenditure in excess of the expenditure minimum not otherwise subject to certificate of need review under subsection (1)(a), (b), (d), (e), (f), or (h) of this section, solely for any one or more of the following and which does not substantially affect patient charges as determined by the department based on information provided by the applicant, is exempt from

certificate of need review except to the extent required by the federal government as a condition to receipt of federal assistance:

- (a) Communications and parking facilities;
- (b) Mechanical, electrical, ventilation, heating, and air conditioning systems;
- (c) Energy conservation systems;
- (d) Repairs to, or the correction of, deficiencies in existing physical plant facilities necessary to maintain state licensure;
- (e) Acquisition of equipment, including data processing equipment, which is not or will not be used in the direct provision of health services;
- (f) Construction, involving physical plant facilities, including administrative and support facilities, which are not and will not be used for the provision of health services;
- (g) Acquisition of land; and
- (h) Refinancing of existing debt.

Note:

¹Where 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.

²A 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 70.38.115. 87-10-023 (Order 2487), § 248-19-230, filed 5/1/87. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-230, filed 2/28/86; 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 248-19-270 Letter of intent. Any person planning to propose an undertaking subject to certificate of need review shall submit a letter of as follows:

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

(a) A description of the extent of the services proposed;

(b) The estimated cost of the proposed project;

(c) A description of the service area.

(d) Any person proposing an undertaking subject to certificate of need review shall send simultaneously a copy of the letter of intent to the regional health council or councils, if any, for the health service area or areas in which the project is to be located and, in the case of a hospital project, to the hospital commission.

(e) The letter of intent shall not constitute "notice of intent" with respect to the acquisition of major medical equipment, as required by WAC 248-19-403.

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

(3) Concurrent review.

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

(b) Within thirty days following the last day of the letter of intent submittal period, the department, after consultation with the advisory review agencies, shall determine which of the proposed undertakings compete with other proposed undertakings. Two or more undertakings within the same concurrent review cycle may be competing when the proposed nursing home beds would be located in the same county or nursing home planning area and/or the undertakings propose nursing home beds to be allocated from the same statewide continuing care retirement community (CCRC) bed pool as defined in WAC 248-19-373.

[Statutory Authority: RCW 70.38.115. 87-10-023 (Order 2487), § 248-19-270, filed 5/1/87. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-270, filed 2/28/86; 81-09-012 (Order 210), § 248-19-270, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-270, filed 11/30/79.]

WAC 248-19-327 Concurrent review process. (1) Projects for which the department may establish concurrent review schedules are identified in RCW 70.38.115(7). An annual concurrent review has been scheduled for competing projects proposing:

(a) New nursing homes,

(b) Nursing home bed additions,

(c) The redistribution of beds from the following facility and service categories to skilled nursing facility beds:

(i) Acute care,

(ii) Boarding home, or

(iii) Intermediate care for the mentally retarded, or

(d) The redistribution of beds from the following facility and service categories to intermediate care facility beds:

(i) Acute care, or

(ii) Boarding home, and

(e) The relocation of nursing home beds from one county or nursing home planning area to another county or nursing home planning area.

(2) Procedures for the concurrent review process shall be as follows:

(a) Submittal of initial applications.

(i) Each applicant shall submit simultaneously copies of the application to each reviewing agency.

(ii) Each applicant if requested in writing shall provide a copy of his or her application to the applicant of each other competing application.

(b) Screening of the initial applications.

(i) The department and the appropriate advisory agencies shall screen each initial application during the screening period of the applicable concurrent review cycle schedule.

(ii) The screening period shall begin on the first work day following the last day of the initial application submittal period for the applicable concurrent review cycle schedule.

(iii) The department by the end of the screening period of the applicable concurrent review cycle schedule shall send a written request for supplemental information to each applicant.

(iv) Each applicant by the end of the final application submittal period shall respond to the department's written request for supplemental information in one of the following ways:

(A) Submitting the requested written supplemental information, or

(B) Submitting a written request that the incomplete application be reviewed without supplemental information.

(c) Reviewing of final applications.

(i) The department shall commence the review of competing applications on the date prescribed for the applicable concurrent review cycle schedule.

(ii) The total number of days in the advisory and final review periods shall not exceed one hundred and thirty-five, unless extended in accordance with subsection (2)(d) of this section.

(iii) The appropriate advisory review agencies shall submit written findings and recommendations on each competing application to the department within ninety days from the beginning of the advisory review period, unless the advisory review period is extended in accordance with subsection (2)(d) of this section.

(iv) The department shall conclude its final review and the secretary's designee shall take action on a certificate of need application within forty-five days after the end of the advisory review agencies' review period, unless extended in accordance with subsection (2)(d) of this section.

(d) Extending review of final applications.

(i) The advisory review period shall be extended in accordance with the provisions of WAC 248-19-295(6).

(ii) The final review period may be extended by the department under the following provisions:

(A) The department informs each applicant of the competing applications of the existence of an unresolved pivotal issue.

(B) The department may make a written request for additional information from one or more of the applicants of the competing applications.

(C) The department shall specify in the written request a deadline for receipt of written responses.

(D) Each applicant receiving such written request may provide a written response within the specified deadline.

(E) The department may extend the final review period for all competing applications up to thirty days after the receipt of the last response to the department's request for additional information or after the specified deadline, whichever occurs first.

[Statutory Authority: RCW 70.38.115. 87-10-023 (Order 2487), § 248-19-327, filed 5/1/87. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-327, filed 2/28/86.]

WAC 248-19-328 Nursing home concurrent review cycles. (1) The department shall review concurrently during review cycles established under subsection (6) of this section the following:

(a) New nursing homes,

(b) Nursing home bed additions, or

(c) Redistribution of beds from the following facility or service categories to skilled nursing care beds:

(i) Acute care,

(ii) Boarding home care, or

(iii) Intermediate care for the mentally retarded; or

(d) Redistribution of beds from the following facility or service categories to intermediate care facility beds:

(i) Acute care, or

(ii) Boarding home care.

(2) Undertakings of type A continuing care retirement communities (CCRCs), as defined in subsection (3)(b)(i) of this section which do not propose or are not operating within a transition period as defined in subsection (3)(d) of this section during development, and which meet the following conditions, shall be reviewed under the regular review process per WAC 248-19-330:

(a) The number of nursing home beds requested in a single undertaking shall not exceed sixty; and

(b) After project completion, the number of nursing home beds, including those with which the CCRC contracts, shall not exceed one bed for each four independent living units within the CCRC. In computing this ratio, only independent living units of the CCRC already existing, and/or scheduled for completion at the same time as the proposed nursing home beds under the same financial feasibility plan, shall be counted.

(3) For purposes of this section, the following definitions shall be used:

(a) "Continuing care contract" means a contract to provide a person, for the duration of the person's life or for a term in excess of one year, shelter along with nursing, medical, health-related, or personal care services, in exchange for payment of an entrance fee, periodic charges, or both. Continuing care contracts include, but are not limited to, life care agreements and mutually terminable contracts. The living space and services under a continuing care contract may or may not be provided at the same location.

(b) "Continuing care retirement community (CCRC)" means any of a variety of entities providing

shelter and services based on continuing care contracts with its enrollees. CCRCs are categorized as follows:

(i) "Type A CCRC" means a CCRC meeting the following requirements:

(A) Maintains for a period in excess of one year a CCRC contract with its enrollees or residents for a contractually guaranteed range of services from independent living through nursing home care, including some form of assistance with activities of daily living;

(B) Continues a contract if an enrollee or resident is no longer able to pay for services;

(C) Offers services only to contractual enrollees with limited exception related to use of transition periods; and

(D) Prohibits Medicaid program liability for costs of care even if the member depletes his or her personal resources.

(ii) "Type B CCRC" means a CCRC meeting the following requirements:

(A) Maintains for a period in excess of one year a CCRC contract with its enrollees or residents,

(B) May provide a range of services beyond nursing home care,

(C) May terminate a contract if an enrollee or resident is unable to pay for services,

(D) May admit patients to the nursing home who are not CCRC enrollees or residents, and

(E) May maintain Medicaid contracts and/or other requirements for third-party payment.

(c) "Enrollee" of a CCRC means an individual who has signed a continuing care contract with a CCRC.

(d) "Transition period" means a period of time, not exceeding five years, between the date an enrollee becomes the first resident of a type A CCRC and the date it fully meets the requirements of a type A CCRC as contained in the current state health plan.

(4) The annual nursing home concurrent review consists of the following cycles:

(a) One of the annual cycles is reserved for the review of competing applications submitted by or on behalf of:

(i) Type A CCRCs applying for nursing home beds available from the statewide CCRC allotment as described in WAC 248-19-373(8);

(ii) Type A CCRCs which propose or are operating within a transition period during development and are not applying for nursing home beds available from any nursing home planning area; and

(iii) Type B CCRCs applying for nursing home beds available from the statewide CCRC allotment as described in WAC 248-19-373(8).

(b) Two other cycles are for review of competing applications for nursing home beds needed in half of the nursing home planning areas; and

(c) Until whichever occurs first, December 31, 1990, or issuance of a certificate of need for all or part of those available beds, one cycle is reserved for the review of competing applications submitted for nursing home beds available from the King County AIDS nursing home bed allotment established under WAC 248-19-373(9).

(5) The department shall use the following nursing home concurrent review application filing procedures:

(a) Each applicant shall:

(i) File the required number of copies of each application as specified in the application information requirements, and

(ii) Mail or deliver the application so that the department receives it no later than the last day for initial application receipt as prescribed in the schedule for that concurrent review cycle.

(b) The department shall:

(i) Only review applications for which a letter of intent, as described in WAC 248-19-270, was mailed or delivered to the department before the last day for receipt of letters of intent as indicated below;

(ii) Begin screening all applications received during the initial application period on the first working day following the close of that period; and

(iii) Return to the applicant any application received after the last day of the initial application receipt period.

(6) The schedules for the annual nursing home bed concurrent review cycles shall be as follows:

(a) For those applications described in subsection (4)(a) of this section, the concurrent review cycle schedule shall be as follows:

(i) Period for receipt of letters of intent shall begin on the first working day of June and end on the first working day of July,

(ii) Period for receipt of initial applications shall begin on the first working day of July and end on the first working day of August,

(iii) End of initial application completeness screening period is the first working day of September,

(iv) End of final application receipt period is the first working day of October, and

(v) Beginning of concurrent review period is October 16 or first working day after that date.

(b) For competing applications submitted for nursing home beds available for the Chelan/Douglas, Clallam, Clark/Skamania, Cowlitz, Grant, Grays Harbor, Island excluding Camano, Jefferson, King, Kittitas, Klickitat, Okanogan, Pacific, San Juan, Skagit, Spokane, and Yakima nursing home planning areas, the concurrent review cycle schedule shall be as follows:

(i) Period for receipt of letters of intent shall begin on the first working day of July and end on the first working day of August,

(ii) Period for receipt of initial applications shall begin on the first working day of August and end on the first working day of September,

(iii) End of initial application completeness screening period is the first working day of October,

(iv) End of final application receipt period is the first working day of November, and

(v) Beginning of concurrent review period is November 16 or first working day after that date.

(c) For competing applications submitted for nursing home beds available for the Adams, Asotin, Benton, Columbia, Ferry, Franklin, Garfield, Kitsap, Lewis, Lincoln, Mason, Pend Oreille, Pierce, Snohomish including Camano, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, and Whitman nursing home planning

areas, the concurrent review cycle schedule shall be as follows:

(i) Period for receipt of letters of intent shall begin on the first working day of August and end on the first working day of September,

(ii) Period for receipt of initial applications shall begin on the first working day of September and end on the first working day of October,

(iii) End of initial application completeness screening period is the first working day of November,

(iv) End of final application receipt period is the first working day of December, and

(v) Beginning of concurrent review period is December 16 or first working day after that date.

(d) For those applications described in subsection (4)(c) of this section, the concurrent review cycle shall be as follows:

(i) Period for receipt of letters of intent shall begin on February 17, 1989, and end on March 3, 1989;

(ii) Period of receipt of initial applications shall begin on March 6, 1989, and end on March 20, 1989;

(iii) End of initial application completeness screening period is April 3, 1989;

(iv) End of final application receipt period is April 17, 1989;

(v) Beginning of concurrent review period is April 17, 1989;

(vi) End of the advisory review period is June 16, 1989; and

(vii) End of the final review period is July 14, 1989.

[Statutory Authority: RCW 70.38.115. 88-24-026 (Order 2736), § 248-19-328, filed 12/2/88. Statutory Authority: RCW 70.38.115 and 70.38.135. 88-04-047 (Order 2591), § 248-19-328, filed 1/29/88. Statutory Authority: RCW 70.38.115. 87-10-023 (Order 2487), § 248-19-328, filed 5/1/87.]

WAC 248-19-373 Determination of nursing home bed needs. (1) The department shall use the following rules in making decisions on certificate of need applications involving:

(a) New nursing homes,

(b) Nursing home bed additions,

(c) Redistribution of beds from any of the following facility and service categories to skilled nursing care beds:

(i) Acute care,

(ii) Boarding home care, or

(iii) Intermediate care for the mentally retarded.

(d) Redistribution of beds from any of the following facility and service categories to intermediate care facility beds:

(i) Acute care, or

(ii) Boarding home care; and

(e) Relocation of nursing home beds from one nursing home planning area to another nursing home planning area.

(2) The secretary finds:

(a) That the nursing home bed projection method contained in the state health plan is the appropriate means for determining nursing home bed needs in this state; and

(b) That the state health plan nursing home bed need method and the resultant projections as contained in subsections (4), (5), (7), (8), and (9) of this section are consistent with RCW 70.38.045 and 70.38.065.

(3) Consistent with the general provisions of the state health plan, the department shall apply the following nursing home bed need policies:

(a) The department shall use the state health plan nursing home bed projection method to calculate nursing home bed need projections for the three-year period ending in 1990 and for at least one subsequent longer range period;

(b) The department and the state health coordinating council shall review the bed need projection method during the last half of 1989, unless it is reviewed sooner under the provisions of subsection (3)(c) of this section;

(c) The department and the state health coordinating council shall revise the bed projection method if either determines that significant nursing home bed supply problems have developed;

(d) The department and the state health coordinating council shall not consider hospital swing beds, which are available to provide either acute care or nursing home care, as nursing home beds for the purpose of determining nursing home bed needs or available nursing home bed supply; and

(e) The department shall use the following nursing home planning areas in its nursing home bed need projections:

(i) Chelan/Douglas counties,

(ii) Clark/Skamania counties,

(iii) Snohomish County and Camano Island,

(iv) Island County without Camano Island, and

(v) The other thirty-three individual counties in the state.

(4) The following are the unallocated baseline nursing home bed need projections for 1990 listed by health service area and nursing home planning area.

(a) Puget Sound Health Service Area

Clallam	470
Island excluding Camano	221
Jefferson	128
King	9,023
Kitsap	1,099
Pierce	3,158
San Juan	75
Skagit	588
Snohomish including	
Camano Island	2,275
Whatcom	1,070

(b) Southwest Washington Health Service Area

Clark/Skamania	1,151
Cowlitz	581
Grays Harbor	663
Klickitat	108
Lewis	509
Mason	235
Pacific	195

Thurston	849
Wahkiakum	53

(c) Central Washington Health Service Area

Benton	390
Chelan/Douglas	582
Franklin	150
Grant	252
Kittitas	227
Okanogan	284
Yakima	1,440

(d) Eastern Washington Health Service Area

Adams	112
Asotin	209
Columbia	66
Ferry	25
Garfield	40
Lincoln	95
Pend Oreille	55
Spokane	2,782
Stevens	177
Walla Walla	500
Whitman	236

(5) The department shall calculate the total net nursing home beds needed within each nursing home planning area by changing the 1990 baseline nursing home bed need projection for each nursing home planning area, as follows:

(a) Subtracting from the 1990 baseline nursing home bed need projection, the total number of licensed nursing home beds within the nursing home planning area, excluding:

(i) Nursing home beds used as intermediate care for the mentally retarded (IMR); and

(ii) Only when the department amends the baseline nursing home bed projections in subsection (4) of this section, nursing home beds in type A CCRCs.

(b) Adding the total number of nursing home beds which the department has delicensed since the last recomputation of the total number of licensed nursing home beds within the nursing home planning area;

(c) Subtracting the total number of hospital beds, excluding designated swing beds, within the nursing home planning area which are used for long-term care from the 1990 baseline nursing home bed need projection;

(d) Subtracting the total number of nursing home beds approved by certificate of need, but not yet licensed from the 1990 baseline nursing home bed need projection;

(e) Adding nursing home beds being reallocated from another nursing home planning area or areas to the 1990 baseline nursing home bed need projection; or

(f) Subtracting nursing home beds being reallocated to another nursing home planning area or areas from the 1990 baseline nursing home bed need projection; and

(g) Reallocating thirty nursing home beds to King County nursing home planning area per the 1988 state health plan amendments under subsection (9) of this section, until whichever of the following occurs first:

(i) December 31, 1990; or

(ii) Issuance of a certificate of need for all or part of the available beds; and

(iii) The thirty beds reallocated to the King County nursing home planning area are redistributed from other nursing home planning areas as follows:

(A) Subtracting twenty nursing home beds from Jefferson County nursing home planning area;

(B) Subtracting seven nursing home beds from Klickitat County nursing home planning area; and

(C) Subtracting one nursing home bed from each of the following nursing home planning areas:

(I) Ferry County,

(II) Pend Oreille County, and

(III) Stevens County.

(6) Under the state health plan nursing home bed need method, area agencies on aging may submit reallocation plans to the department which:

(a) Reallocate net needed nursing home beds among two or more nursing home planning areas,

(b) Document the following:

(i) That all area agencies representing the geographic areas involved support each proposed reallocation, and

(ii) That the reallocation plan is consistent with the requirements contained in the state health plan, and

(c) Receive approval from the department's aging and adult services administration.

(7) Under the state health plan, the department shall limit to three hundred the total number of nursing home beds approved for all type A continuing care retirement communities which propose or are operating within a transition period as defined in WAC 248-19-328(3).

(a) These three hundred beds available for type A continuing care retirement communities shall be in addition to the net nursing home beds needed in all of the nursing home planning areas and the statewide CCRC allotment of described in subsection (8) of this section.

(b) All nursing home beds approved for type A continuing care retirement communities which propose or are operating within a transition period shall be counted as beds within this three hundred bed limitation unless and until the continuing care retirement community fully complies with all provisions of the state health plan type A continuing care retirement community performance standards.

(8) Under the state health plan, there is a statewide allotment of one hundred and fifteen beds which shall be available only for applications sponsored by or on behalf of continuing care retirement communities as defined in WAC 248-19-328 (3)(b).

(9) Under the state health plan 1988 amendments, there is an additional King County allotment of thirty-five beds which shall be available for the specific purpose of establishing an AIDS long-term care facility pilot project, until whichever of the following occurs first:

(a) December 31, 1990; or

(b) Issuance of a certificate of need for all or part of the available beds;

(c) If a certificate of need is issued for less than the thirty-five nursing home beds available, the department shall redistribute the remaining beds as follows:

(i) Five beds or, if fewer, all remaining beds shall be added to the number of nursing home beds available for applications sponsored by or on behalf of continuing care retirement communities as defined under WAC 248-19-328 (3)(b); and

(ii) Any remaining beds shall be redistributed among the nursing home planning areas in accordance with calculations described in step five of the state health plan nursing home bed need projection method.

(10) The total statewide 1990 baseline nursing home bed need, including nursing home planning areas needs under subsection (4) of this section, the special continuing care retirement community bed allotment in subsection (8) of this section, and the additional King County bed allotment in subsection (9) of this section is thirty thousand one hundred ninety-three.

(11) The department shall apply the following procedures in correcting the number of total net nursing home beds needed within a nursing home planning area as the result of changes in that area's bed supply as defined in subsection (5) of this section.

(a) When the number of licensed nursing home beds increases without a corresponding decrease in the number of certificate of need approved, but not yet licensed beds, the department shall reduce the number of net needed nursing home beds as defined in subsection (5) of this section.

(i) When this reduction can be made prior to the date of commencement of review for the concurrent review cycle, the department shall:

(A) Inform, in writing, all persons from whom the department has received an application and/or a valid letter of intent; and

(B) Explain to each person from whom the department has received an application the procedures for withdrawing or amending a certificate of need application.

(ii) When this reduction cannot be made prior to the date of commencement of review for the concurrent review cycle, the department shall not consider the correction in reaching a decision on each affected application.

(b) When the number of certificate of need approved, but not yet licensed, beds increases, the department shall reduce the number of net needed nursing home beds as defined in subsection (5) of this section.

(i) When this reduction can be made prior to the date of commencement of review for the concurrent review cycle, the department shall:

(A) Inform, in writing, all persons from whom the department has received an application and/or a valid letter of intent; and

(B) Explain to each person from whom the department has received an application the procedures for withdrawing or amending a certificate of need application.

(ii) When this reduction cannot be made prior to the date of commencement of review for the concurrent review cycle, the department shall not consider the correction in reaching a decision on each affected application.

(c) When the number of licensed nursing home beds or certificate of need approved, but not yet licensed beds,

decreases, the department shall increase the number of net needed nursing home beds as defined in subsection (5) of this section.

(i) When this increase can be made prior to the department's initial decision on each affected application, the department shall:

(A) Notify all affected applicants in writing, and

(B) Explain to each affected applicant the procedures for amending a certificate of need application.

(ii) When this increase cannot be made prior to the date of the department's initial decisions on the affected applications, the department shall include the increase in the number of net needed nursing home beds in any subsequent decision on each affected application or the next concurrent review cycle for that nursing home planning area, whichever occurs first.

(12) The department shall not issue certificates of need approving more than the number of additional beds indicated as either available, under subsections (7), (8), or (9) of this section, or as needed for a given nursing home planning area, unless:

(a) The department has consulted with the appropriate regional health council, if any; and

(b) The department finds such additional beds are needed to further the projection method policy that nursing home beds should ordinarily be located reasonably close to the people they serve; and

(c) The department explains such approval in writing.

[Statutory Authority: RCW 70.38.115. 88-24-026 (Order 2736), § 248-19-373, filed 12/2/88. Statutory Authority: RCW 70.38.115 and 70.38.135. 88-04-047 (Order 2591), § 248-19-373, filed 1/29/88. Statutory Authority: RCW 70.38.135. 86-12-044 (Order 2386), § 248-19-373, filed 6/2/86; 85-05-032 (Order 2208), § 248-19-373, filed 2/15/85.]

WAC 248-19-375 AIDS long-term care pilot facility performance standards. (1) The department shall use the following rules in making decisions on certificate of need applications involving the thirty-five beds which shall be available from the additional King County allotment for establishing an AIDS long-term care facility pilot project, until whichever of the following occurs first:

(a) December 31, 1990; or

(b) Issuance of a certificate of need for all or part of the available beds.

(2) The department shall consider the following state health plan policies in reviewing certificate of need applications for an AIDS pilot facility project:

(a) The extraordinary growth of the AIDS epidemic will require some experimentation about ways to meet the long-term care needs of those people with AIDS and similar disabling conditions whose acuity of care needs can fluctuate rapidly, who do not require hospital care, but cannot live in their own homes;

(b) There is need in this state for a pilot long-term care facility which can deal with rapid changes in clinical needs without requiring patients to move physically from bed to bed or facility to facility. Experience gained from the pilot project will help in future efforts to plan appropriate care for people with AIDS and others with similar needs; and

(c) The AIDS long-term care pilot facility shall meet the following performance standards:

(i) The facility shall:

(A) Have no more than thirty-five nursing home beds;

(B) Be located in King County;

(C) Be located in reasonable proximity to a hospital, outpatient radiology services, and outpatient laboratory services; and

(D) Have admission policies which select patients with the following characteristics:

(I) Rapidly fluctuating care needs including at least some period of needing skilled nursing;

(II) Do not need acute hospitalization; and

(III) Need some level of twenty-four hour care, but cannot live at home.

(E) Be designated to provide a residential environment supporting people in living at the maximum level of independence possible.

(ii) The facility operators shall:

(A) Show how planning the facility includes input from community AIDS service organizations;

(B) Show how they will integrate the facility's services with the services provided by other public and private AIDS services documentations;

(C) Document their experience in the delivery of health care services to patients with AIDS;

(D) Express their intent to develop a policy advisory board after the facility is in operation, to include representatives from the groups served by the facility;

(E) Make a minimum of a five-year commitment to maintaining the project as described in the application; and

(F) Document their capability to evaluate the project and state their willingness to share the information with the state office on AIDS.

(iii) The applicant shall meet applicable state health plan nursing home services performance standards;

(iv) Once the facility is established as an AIDS long-term care pilot facility, the applicant may not exclude persons with fluctuating care needs similar to those of AIDS patients; and

(v) The department shall give preference to project applications that demonstrate substantial financial support from a combination of community, federal, and/or private foundation sources.

[Statutory Authority: RCW 70.38.115. 88-24-026 (Order 2736), § 248-19-375, filed 12/2/88.]

WAC 248-19-440 Issuance, suspension, denial, revocation, and transfer of a certificate of need. (1) The secretary's designee shall issue a certificate of need to the applicant.

(a) The secretary's designee shall issue a certificate of need for:

(i) The proposed project, or

(ii) A separable portion of the proposed project.

(b) When the certificate of need is issued for a separable portion of the proposed project, the secretary's designee shall provide written notice to the applicant stating the reasons for the department's action.

(c) The secretary's designee shall issue a certificate of need only when the department finds that the project or the separable portion of the proposed project is consistent with the applicable criteria contained in chapter 248-19 WAC.

(d) In issuing a certificate of need, the secretary's designee shall:

(i) Specify the maximum capital expenditure which may be obligated under the certificate, and

(ii) Prescribe the cost components to be included in determining the capital expenditure which may be obligated under such certificate.

(2) The secretary's designee may issue a conditional certificate of need for a proposed project or a separable portion of the proposed project.

(a) The conditions attached to a certificate of need must directly relate to the project being reviewed.

(b) The conditions must directly relate to criteria contained in chapter 248-19 WAC.

(3) The department shall apply the following provisions when suspending a certificate of need.

(a) The secretary's designee may suspend a certificate of need for cause which shall include, but not be limited to:

(i) Suspicion of fraud,

(ii) Misrepresentation,

(iii) False statements,

(iv) Misleading statements,

(v) Evasion or suppression of material fact in the application for a certificate of need or any of its supporting materials.

(b) The secretary's designee shall issue an order for any suspension of a certificate of need to the person to whom the certificate of need had been issued.

(i) Such order shall state the reason for the suspension.

(ii) A copy of such order of suspension shall be sent to the appropriate advisory review agencies.

(c) A suspension of a certificate of need shall not exceed one hundred twenty calendar days.

(i) Prior to the expiration of the suspension the department shall:

(A) Review the facts and circumstances relevant to the suspension;

(B) Reinstate, amend, or revoke the certificate of need; and,

(ii) Send written notice of its decision on a suspended certificate of need to:

(A) The person to whom the certificate of need had been issued, and

(B) The appropriate advisory review agencies.

(4) The secretary's designee shall send written notification of denial of a certificate of need to the applicant submitting the certificate of need application.

(a) Such notification shall state the reasons for the denial.

(b) Copies of such notification shall be sent to the appropriate advisory review agencies.

(5) When a proposed project or separable portion of the proposed project is denied a certificate of need, the department shall not accept another certificate of need

application for the same project or separable portion unless the department determines:

(a) There is a substantial change in existing or proposed health facilities or services in the area to be served by the project; or

(b) There is a substantial change in the need for the facilities or services of the type proposed in the area to be served by the project; or

(c) One year has lapsed since the submission of the application for the certificate of need subject to regular review which was denied or the next scheduled concurrent review cycle permits the submission of applications.

(6) The department shall apply the following provisions in the revocation of a certificate of need.

(a) The secretary's designee may revoke a certificate of need for cause which shall include the following:

- (i) Fraud,
- (ii) Misrepresentation,
- (iii) False statements,
- (iv) Misleading statements, and

(v) Evasion or suppression of material facts in the application of a certificate of need, or in any of its supporting materials.

(b) When the secretary's designee revokes a certificate of need, the secretary's designee shall:

(i) Provide written notice of revocation to the person to whom the certificate of need was issued, including a statement of the reasons for such revocation, and

(ii) Send a copy of the notice of revocation to the appropriate advisory review agencies.

(7) The department shall apply the following procedures in transferring or assigning a certificate of need.

(a) The department shall consider a request to transfer or assign a certificate of need valid only when:

(i) The person to whom the certificate of need was originally issued submits to the department a written request that the certificate of need be transferred to another person and gives the full name and complete address of the other person; and

(ii) The person to whom the current holder of the certificate of need wishes to transfer the certificate sends an application for such transfer on a form and in such a manner as prescribed and published by the department.

(b) The department shall review applications for transfer or assignment of a certificate of need according to the:

(i) Expedited review procedures in WAC 248-19-340; or

(ii) Regular review procedures in WAC 248-19-330.

(c) The secretary's designee shall base his or her decision to approve or deny an application to transfer or assign a certificate of need on:

(i) The demonstrated ability of the person wishing to acquire the certificate of need to undertake, complete, and operate the project in accordance with the following review criteria:

- (A) WAC 248-19-380 (1) and (3), and
- (B) WAC 248-19-390 (1), (3), and (5).

(ii) The continuing conformance of the project with all other applicable review criteria; and

(iii) The comments and recommendations of the appropriate advisory review agency.

(d) When the person submitting an application to transfer or assign a certificate of need proposes to modify the project description or the maximum capital expenditure, the department shall inform in writing such person that a new or amended certificate of need is required.

(e) When the department denies an application for transfer or assignment of a certificate of need, the department shall inform in writing the person who submitted the application of the reasons for such denial.

(f) The department shall not transfer or assign any certificate of need issued after February 1, 1988, except when:

(i) Prior to completion of the project, death or divorce of a jointly held certificate renders it impossible for the remaining holder of the certificate to complete the project in the absence of a transfer or assignment; or

(ii) After commencement, a substantial portion of the project has been completed by the original holder of the certificate.

(g) The department shall not transfer or assign a certificate of need under subsections (7)(f)(i) and (ii) of this section when the authorized project is to be relocated.

(8) When the secretary's designee fails to issue or deny a certificate of need, the applicant may seek a writ of mandamus from superior court pursuant to chapter 7.16 RCW.

[Statutory Authority: RCW 70.38.115. 89-02-040 (Order 2745), § 248-19-440, filed 12/30/88. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-440, filed 2/28/86; 81-09-012 (Order 210), § 248-19-440, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-440, filed 11/30/79.]

Chapter 248-25 WAC

ADULT RESIDENTIAL REHABILITATION CENTERS AND PRIVATE ADULT TREATMENT HOMES

WAC	
248-25-001	Purpose.
248-25-002	Definitions.
248-25-010	Licensure—Adult residential rehabilitation centers and private adult treatment homes.
248-25-020	Administration—Adult residential rehabilitation center.
248-25-030	Resident care services in adult residential rehabilitation centers or private adult treatment homes.
248-25-035	General resident safety and care—Policies, procedures, practices.
248-25-040	Pharmaceutical services in adult residential rehabilitation centers.
248-25-045	Food storage—Preparation—Service.
248-25-050	Infection control in adult residential rehabilitation centers.
248-25-060	Clinical records.
248-25-070	Physical environment in adult residential rehabilitation centers.
248-25-100	Resident care services in private adult treatment homes.
248-25-120	Physical environment requirements for private adult treatment homes.

WAC 248-25-001 Purpose. The purpose of these regulations is to administratively implement chapter 71.12 RCW by providing standards for health and safety for persons admitted to residential rehabilitation centers and private adult treatment homes. Adult residential rehabilitation centers and private adult treatment homes are designed and operated primarily to assist psychiatrically impaired adults to live as independently as possible and to provide essential care, treatment, and training in the skills of individual and community living. This shall be a level of care other than hospital inpatient care.

[Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-001, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-001, filed 8/6/82.]

WAC 248-25-002 Definitions. (1) "Abuse" means injury, sexual use or abuse, negligent or maltreatment of a resident by a person legally responsible for the resident's welfare under circumstances which indicate harm to the resident's health, welfare, and safety.

Person "legally responsible" shall include a guardian or a person to whom legal responsibility has been delegated (e.g., providers of residential care, day care, etc.).

(a) "Physical abuse" means damaging or potentially damaging, nonaccidental acts or incidents resulting in bodily injury or death.

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

(2) "Administrator" means the individual appointed as chief executive officer by the governing body of the facility, to act in the facility's behalf in the overall management of the residential rehabilitation center.

(3) "Adult residential rehabilitation center" or "center" means a residence, place, or facility designed and organized primarily to provide twenty-four-hour residential care, crisis and short-term care, and/or long-term individualized active rehabilitation and treatment for residents diagnosed or evaluated as psychiatrically impaired or chronically mentally ill as defined herein or in chapter 71.24 RCW.

(4) "Ambulatory" means physically and mentally able to:

(a) Walk unaided or move about independently with only the help of a cane, crutches, walkerette, walker, wheelchair, or artificial limb;

(b) Traverse a normal path to safety unaided by another individual;

(c) Get into and out of bed without assistance of another individual; and

(d) Transfer to a chair or toilet or move from place to place without assistance of another individual.

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

(6) "Board and domiciliary care" means provision of daily meal service, lodging, and care offered within the

living accommodation and includes the general responsibility for safety and well-being of the resident with provision of assistance in activities of daily living as needed.

(7) "Corporal punishment" means punishment or negative reinforcement accomplished by direct physical contact of a harmful or potentially harmful nature regardless of whether or not damage is actually inflicted.

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

(9) "Dietitian" means an individual meeting the eligibility requirements described in "Directory of Dietetic Programs Accredited and Approved," American Dietetic Association, Edition 100, 1980.

(10) "Discipline" means actions taken by personnel and staff to encourage the establishment of habits of self-control or to regulate unacceptable resident behavior. The individualized treatment plan shall define establishment of habits of self-control and unacceptable resident behavior.

(11) "Drug administration" means an act where a single dose of a prescribed drug or biological is given to a resident by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from the previously dispensed, properly labeled container (including the unit dose container), verifying the individual dose with the physician's orders, giving the individual dose to the proper resident, and properly recording the time and the dose given.

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

(13) "Dwelling" means any building or any portion thereof which is not an apartment house, lodging house or hotel, containing one or two guest rooms used, rented, leased, let, or hired out to be occupied for living purposes.

(14) "Governing body" means the individual or group responsible for establishing and maintaining the purposes and policies of the residential rehabilitation center.

(15) "Independent living skill training" consists of:

(a) Social skill training: A service designed to aid residents in learning appropriate social behavior in situations of daily living (e.g., the use of appropriate behavior in families, work settings, the residential center and other community settings).

(b) Self-care skills training: A service designed to aid residents in developing appropriate skills of grooming, self-care and other daily living skills such as eating, food preparation, shopping, handling money, the use of leisure time, and the use of other community and human services.

(16) "Individualized treatment plan or ITP" means a written statement of care to be provided to a resident based upon assessment of his or her strengths, assets, interests, and problems. The statement shall include stipulation of an estimated time frame, identification of the process for attaining the goals, and a discharge plan.

(17) "Licensed practical nurse (LPN)" means an individual licensed under provisions of chapter 18.78 RCW.

(18) "Mental health professional" means the individuals described in RCW 71.05.020 and WAC 275-55-020.

(19) "Multidisciplinary treatment team" means the availability of a group comprised, when indicated, of individuals from various clinical disciplines, to include medicine, psychiatry, psychology, social work, nursing, occupational and recreational therapies, dietary, pharmacy, speech, and hearing services. Members of the team shall assess, plan, implement, and evaluate rehabilitation and treatment for residents under care.

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

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

(b) "Emotional neglect" means acts such as rejection, lack of stimulation or other acts of commission or omission, resulting in emotional or behavioral problems, or physical manifestations.

(21) "New construction" means any of the following started after promulgation of these rules and regulations:

(a) New building(s) to be used as a part of the residential rehabilitation center;

(b) Addition or additions to or conversions, either in whole or in part, of the existing building or buildings to be used as part of the residential rehabilitation center;

(c) Alteration or modification other than minor alteration to a residential rehabilitation center or to a facility seeking licensure as a residential rehabilitation center;

(d) "Minor alteration" means any structural or functional modification within the existing residential rehabilitation center, without changing the approved use of the room or area. Minor alterations performed under this definition do not require prior approval of the department; however, this does not constitute a release from the applicable requirements contained in chapter 248-25 WAC.

(22) "Occupational therapist" means an individual licensed as an occupational therapist under provisions of chapter 18.59 RCW.

(23) "Owner" means an individual, partnership or corporation, or the legal successor thereof, operating residential rehabilitation centers for psychiatrically impaired adults, whether owning or leasing the premises.

(24) "Paraprofessional" means a person qualified, through experience or training, or a combination thereof, deemed competent while under supervision of a mental health professional, to provide counseling, rehabilitation, training, and treatment services to psychiatrically impaired adults. Such a person shall have, at a minimum:

(a) One year of training in the field of social, behavioral, or health sciences, and one year of experience in an approved treatment program for the mentally ill; or

(b) Two years of training in the field of social, behavioral, or health sciences; or

(c) Three years of work experience in an approved treatment program for the mentally ill.

(25) "Pharmacist" means an individual licensed by the state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW.

(26) "Physician" means an individual licensed under the provisions of chapter 18.57 or 18.71 RCW.

(27) "Prescription" means the written or oral order for drugs issued by a duly licensed medical practitioner in the course of his or her professional practice, as defined by Washington state statutes for legitimate medical purposes under the provisions of RCW [18.64.011] [18.64.001].

(28) "Private adult treatment home" or "treatment home" means a dwelling which is the residence or home of one or more adults providing food, shelter, beds, and care for two or fewer psychiatrically impaired residents, provided these residents are detained under chapter 71.05 RCW and the home is certified as an evaluation and treatment facility under provisions of chapter 71.05 RCW.

(29) "Psychiatric impairment" means serious mental disorders, excluding mental retardation, substance abuse disorders, simple intoxication with alcohol or drugs, personality disorders, and specific developmental disorders as defined in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, third edition, revised (DSM-III-R), where one or more of the following symptomatic behaviors is exhibited:

(a) Bizarreness, severe self-destructiveness, schizophrenic ideation, or other signs or symptoms resulting from gross, on-going distortions in thought processes;

(b) Suicide attempts or other signs or symptoms associated with marked, severe, or chronic affective disorders;

(c) Chronic sexual maladjustment, or other grossly maladaptive behaviors, in accordance with subsection (29) (a) or (b) of this section.

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

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

(32) "Recreational therapist" means a person with a bachelors degree with a major or option in therapeutic recreation or in recreation for ill and handicapped or a bachelors degree in a related field with equivalent professional experience.

(33) "Registered nurse" means an individual licensed under the provisions of chapter 18.88 RCW, regulating

the practice of registered nursing in the state of Washington.

(34) "Rehabilitation services" means a combination of social, physical, psychological, vocational, and recreational services provided to strengthen and enhance the capability of psychiatrically impaired persons and to enable these persons to function with greater independence. The services include, but are not limited to, training in independent living skills.

(35) "Rehabilitation specialist" means mental health professionals, paraprofessionals, and medical personnel employed to work in a residential rehabilitation center to provide direct resident treatment, training, and rehabilitation services within the residential rehabilitation center, and includes full-time and part-time staff and consultants.

(36) "Resident" means an individual living in an adult residential center or private adult treatment home for the purpose of participating in rehabilitation and treatment for psychiatric impairment or an individual living in the facility for board and domiciliary care.

(37) "Restraint" means any apparatus or chemical used for the purpose of preventing or limiting free body movement.

(38) "Security window" means a window designed to inhibit exit, entry, and injury to a resident, incorporating approved, safe, transparent material.

(39) "Self-administration of medication" means the resident administers or takes his or her own medication from a properly labeled container: *Provided*, That the facility maintains the responsibility to assure medications are used correctly and the resident is responding appropriately.

(40) "Shall" means compliance with regulation is mandatory.

(41) "Should" means compliance with a regulation or standard is suggested or recommended, but not required.

(42) "Social worker" means an individual holding a masters degree in social work from a graduate school of social work.

[Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-002, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-002, filed 8/6/82.]

Reviser's note: RCW 34.04.058 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 248-25-010 Licensure--Adult residential rehabilitation centers and private adult treatment homes. Centers and treatment homes shall obtain a license under chapter 71.12 RCW. Chapter 248-25 WAC establishes minimum licensing standards for the safety, adequate care, and treatment of residents living in centers or treatment homes.

(1) Application for license.

(a) Applicants shall apply for a center or treatment home license on forms furnished by the department. The owner or a legal representative of the owner shall sign the application.

(b) The applicant shall furnish to the department full and complete information and promptly report any changes affecting the current accuracy of such information as to:

(i) The identity of each officer and director of the corporation, if the program is operated by legally incorporated entity, profit or nonprofit; and

(ii) The identity of each partner, if the program is a legal partnership.

(2) Disqualified applicants.

(a) The department shall consider each and every individual named in an application for a center or treatment home license, separately and jointly, as applicants. If the department deems anyone disqualified or unqualified in accordance with the law or these rules, a license may be denied, suspended, or revoked.

(b) The department may deny, suspend, or revoke a license for failure or refusal to comply with the requirements and rules established under provisions of chapter 71.12 RCW, and in addition, but not limited to, for any of the following:

(i) Obtaining or attempting to obtain a license by fraudulent means or misrepresentation;

(ii) Permitting, aiding, or abetting the commission of an illegal act on the premises of a center or treatment home;

(iii) Cruelty, abuse, neglect or assault, or indifference to the welfare of any resident;

(iv) Misappropriation of the property of the resident;

(v) Failure or inability to exercise fiscal accountability and responsibility toward the individual resident, the department, or the business community.

(c) The department shall consider the ability of each individual named in the license application prior to granting a license to determine:

(i) Ability of each individual to operate the center or treatment home in accordance with the law and these rules;

(ii) If there is cause for denial of a license to an individual named in the application for any of the following reasons:

(A) Previous denial of a license to operate a health or personal care facility in Washington state or elsewhere, or

(B) Civil or criminal conviction for operating a health or personal care facility without a license, or

(C) Previous revocation or suspension of a license to operate a health or personal care facility.

(d) The department shall deny a license for reasons listed in subsections (2)(c)(ii) of this section unless an applicant affirmatively establishes clear, cogent, and convincing evidence of ability to operate a center or treatment home in full conformance with all applicable laws, rules and regulations.

(3) Inspection of premises. Centers and treatment homes shall permit the department to visit and examine the premises of centers and treatment homes annually and as necessary to ascertain compliance with chapter 71.12 RCW and chapter 248-25 WAC.

(4) Denial, suspension, or revocation of license.

(a) Upon the department's decision to deny, suspend, or revoke a license, the department shall issue a letter to an applicant or licensee stating the department is denying an application, or is suspending or revoking a license because:

(i) Findings upon inspection reveal failure or refusal of a center or treatment home to comply with chapter 71.12 RCW and chapter 248-25 WAC; and

(ii) The criteria in WAC 248-25-010 (2)(b) are satisfied; and

(iii) The health, safety, or welfare of residents is endangered.

(b) The denial, suspension, or revocation letter becomes effective thirty days after the date of mailing unless the applicant or licensee makes a written request to the department for a hearing within thirty days of the date of mailing of the letter.

(c) The written request for a hearing may be made to the Office of Hearings, P.O. Box 2465, Olympia, Washington 98504-2465. When the request for hearing is mailed, it shall be treated as having been made on the date it was postmarked, provided it is received by the office of hearings properly addressed with no postage due.

(d) The procedures governing hearings are provided in chapter 34.04 RCW and chapter 10-08 WAC.

(5) Submission of plans and programs for centers. Centers shall submit the following with an application for license unless already on file with the department:

(a) A written description of activities and functions containing, at a minimum, information concerning services to be provided and operational methods to be used affecting the physical plant and facilities required by chapter 248-25 WAC;

(b) A plot plan showing street, driveways, water and sewage disposal systems, the location of buildings on the site, and grade elevations within ten feet of any building housing residents;

(c) Floor plans of each building housing residents with the following information:

(i) Identification of each resident's sleeping room by use of a lettering or numbering system, or some equivalent mechanism of identification;

(ii) The usable square feet of floor space in each room;

(iii) The clear window glass area in each resident's sleeping room;

(iv) The height of the lowest portion of the ceiling in any resident's sleeping room; and

(v) The floor elevations referenced to the grade level.

(6) New construction for centers.

(a) Centers shall submit the following to the department for review when new construction is contemplated:

(i) A written description of activities and functions containing, at a minimum, information concerning services to be provided and operational methods to be used affecting the physical plant and facilities required by these regulations;

(ii) Duplicate sets of preliminary plans drawn to scale and including:

(A) A plot plan showing streets, driveways, the water and sewage disposal systems, grade and location of building or buildings on the site; and

(B) The plans for each floor of the building or buildings, existing and proposed, designating the functions of each room and showing all fixed equipment.

[(iii) A] statement about:

(A) Source of the water supply;

(B) The method of sewage and garbage disposal; and

(C) A general description of construction and materials, including interior finishes.

(b) Licensees and applicants shall start construction only after department receipt and approval of:

(i) Specifications and duplicate sets of final plans drawn to scale;

(ii) Specifications showing complete details to contractors for construction of buildings; and

(iii) Plans and specifications including:

(A) Plot plans;

(B) Plans for each floor of each building designating the function of each room and showing all fixed equipment and the planned location of beds and other furniture in residents' sleeping rooms;

(C) Interior and exterior elevations, building sections, and construction details;

(D) A schedule of floor, wall and ceiling finishes, and the types and sizes of doors and windows;

(E) Plumbing, heating, ventilation, electrical systems, fire safety; and

(F) Specifications fully describing workmanship and finishes.

(c) Centers shall make adequate provisions for safety and comfort of residents as construction work takes place in or near occupied areas.

(d) Centers shall:

(i) Ensure all construction takes place in accordance with department approved final plans and specifications;

(ii) Consult with the department prior to making any changes from the approved plans and specifications;

(iii) Incorporate only department-approved changes into a construction project;

(iv) Submit modified plans or addenda on changes incorporated into a construction project to the department file on the project even though submission of the modified plans or addenda was not required by the department prior to approval.

(e) The department may require submission of modified plans or addenda for review prior to considering a proposed change or changes for approval.

(7) Compliance with other regulations.

(a) Centers shall comply with rules and regulations adopted by the Washington state fire marshal under provisions of RCW 71.12.485.

(b) Centers involved in construction shall comply with the state building code as required in chapter 19.27 RCW.

(c) Center compliance with chapter 248-25 WAC does not exempt it from compliance with codes under other state authorities or local jurisdictions, such as state electrical codes or local zoning, building, and plumbing codes.

(8) Posting of license. Centers shall post the license in a conspicuous place on the premises.

(9) Transfer of ownership. A center shall transfer ownership or, if a corporation, sell a majority of stock, only after the transferee has received department approval of the license application and reported change of center administrator.

(10) Exemptions.

(a) The secretary or designee may exempt a center or treatment home from compliance with specified subsections of these regulations when the department ascertains such exemptions may be made in an individual case without jeopardizing the safety or health of the residents in a particular center or treatment home.

(b) Centers and treatment homes shall keep all written exemptions granted by the department pursuant to chapter 248-25 WAC on file in the center or treatment home.

[Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-010, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-010, filed 8/6/82.]

Reviser's note: RCW 34.04.058 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 248-25-020 Administration--Adult residential rehabilitation center. (1) Governing body.

(a) Each center shall have a governing body.

(b) The governing body of the center shall:

(i) Be responsible for the provision of personnel, facilities, equipment, supplies, and other services necessary to meet the needs of residents;

(ii) Appoint an administrator responsible for implementing the policies adopted by the governing body; and

(iii) Establish and maintain a current, written organizational plan, including all positions and delineating responsibilities, authority, and relation of positions within the center.

(2) Personnel.

(a) Centers shall provide:

(i) Sufficient qualified personnel to provide the services needed by the residents and to maintain the center;

(ii) Written, current job descriptions for each position classification;

(iii) A personnel record system;

(iv) A current personnel record for each employee including:

(A) Application for employment,

(B) Verification of education or training when required,

(C) A record or verification of a valid, current license for any employee requiring licensure, and

(D) An annually documented performance evaluation.

(v) A planned, supervised, and documented orientation for each new employee;

(vi) Ongoing in-service education affording each employee the opportunity to maintain and update competencies needed to perform assigned tasks and responsibilities, to include cardiopulmonary resuscitation when appropriate.

(b) Centers using volunteer services and activities shall:

(i) Ensure coordination by a qualified member of the center staff;

(ii) Conduct appropriate screening;

(iii) Document orientation and training provided for each volunteer in accordance with the job to be performed; and

(iv) Provide supervision of volunteers by qualified staff.

(3) Research. When research is proposed or conducted directly involving residents, the center shall ensure:

(a) Review, monitoring, and approval of the research project by a multidisciplinary committee to protect the rights and safety of residents; and

(b) Inclusion on the multidisciplinary committee of at least:

(i) One licensed mental health professional not employed by the center; and

(ii) A resident or resident advocate not employed by the center.

(c) The right and responsibility of the committee to modify or discontinue research.

[Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-020, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-020, filed 8/6/82.]

WAC 248-25-030 Resident care services in adult residential rehabilitation centers or private adult treatment homes. (1) Policies and procedures. Centers shall establish and follow written policies regarding admission criteria and treatment methods ensuring:

(a) Admission of residents in keeping with stated policies and limited to residents for whom a center is qualified by staff, services, and equipment, to give adequate care;

(b) Acceptance of a psychiatrically impaired resident based upon prior assessment by a mental health professional as defined in chapter 71.05 RCW or by a community mental health program under chapter 71.24 RCW.

(2) Resident assessments. Centers shall require documentation of the assessment of each psychiatrically impaired resident by a mental health professional or program to establish:

(a) Resident requirements are appropriate to the intensity and restrictions of care available and provided;

(b) Resident services required can be appropriately provided by the center or treatment home program or program components; and

(c) The resident is free of a physical condition requiring medical or nursing care available only in a hospital.

(3) Board and domiciliary care. Centers may admit and provide services for residents requiring only board and domiciliary care.

(4) Resident admission limitations. Unless excepted in writing by the Washington state fire marshal and the department, centers and treatment homes shall prohibit admission and retention of individuals who:

(a) Need physical restraints,

- (b) Are not ambulatory,
- (c) Lack adequate cognitive functioning to enable response to a fire alarm, or
- (d) Are unable to evacuate the premises in an emergency without assistance.

(5) Individual treatment and discharge planning.

(a) Centers and treatment homes shall ensure an initial assessment of each resident within seventy-two hours of admission with development of a provisional individualized treatment plan (ITP) for each psychiatrically impaired resident.

(b) A multidisciplinary treatment team shall develop a written ITP for each resident within fourteen days of admission.

(i) The center or treatment home shall provide interpretation of the ITP to resident care staff.

(ii) Each resident and/or an individual selected or chosen by the resident shall be provided an opportunity to participate in development of the ITP.

(iii) The center or treatment home and the multidisciplinary treatment team shall implement the ITP with written review and evaluation as necessary and at least once each thirty days with:

(A) Modifications in the ITP as necessary; and

(B) Implementation and review evidenced in the clinical record.

(iv) Centers and treatment homes shall include the ITP in the clinical record.

(6) Treatment and rehabilitation delivery services. Centers and treatment homes shall develop a written plan describing the organization of services. Consistent with the plan, policies and procedures shall address the following:

(a) [A] Requirements for physician authentication of a completed comprehensive health assessment and medical history within three working days after admission unless a comprehensive health assessment or review performed within the previous thirty days is available upon admission;

(b) Arrangements for physician care of any resident with a medical condition present;

(c) Signing of orders for medical treatment by a physician or other authorized practitioner acting within the scope of Washington state statutes defining practice;

(d) Provisions for emergency medical services;

(e) Completion of a psychiatric evaluation for each psychiatrically impaired resident with authentication by a psychiatrist within thirty days prior to or three working days following admission;

(f) Requirements for a registered nurse, with training and experience in working with psychiatrically impaired adults as follows:

(i) Employed full or part-time or under contract or written agreement; and

(ii) Responsible for all nursing functions.

(g) Access to and availability of mental health professionals, occupational therapists, recreational therapists, LPN, rehabilitation specialists, and paraprofessionals with experience in working with psychiatrically impaired adults, as necessary to develop, integrate, and implement the ITP.

(h) Rehabilitation services under long-term care to include:

(i) An educational and vocational assessment of each resident with appropriate educational and vocational programs developed and implemented or arranged on the basis of the assessment; and

(ii) Training in independent living skills provided by qualified persons as necessary to meet the needs of the residents.

[Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-030, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-030, filed 8/6/82.]

Reviser's note: RCW 34.04.058 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 248-25-035 General resident safety and care--Policies, procedures, practices. (1) Centers and treatment homes shall state disciplinary policy and practices in writing ensuring any disciplinary practice used is:

(a) Fair, reasonable, consistent, and related to the mental status and behavior of a resident;

(b) Consistent with the ITP;

(c) Not abusive, cruel, hazardous, frightening, or humiliating; and

(d) Documented in the clinical record.

(2) Centers and treatment homes shall prohibit:

(a) Use of seclusion and restraint as punitive measures; and

(b) Use of corporal punishment.

(3) Centers and treatment homes shall:

(a) Protect residents from assault, abuse, and neglect; and

(b) Report suspected or alleged incidents to the department including:

(i) Nonaccidental injury,

(ii) Sexual abuse,

(iii) Assault,

(iv) Cruelty, and

(v) Neglect.

(4) Centers and treatment homes shall account for resident allowances, earnings, and expenditures including:

(a) Permitting a discharged resident to take the balance of his or her money; or

(b) Fully informing a resident when his or her money is transferred to another facility or organization as permitted by state or federal law; and

(c) Informing each resident of any responsibility for cost of care and treatment per law or rule.

(5) Centers and treatment homes shall allow residents to work on the premises only when:

(a) Assigned tasks are appropriate to resident age, physical and mental condition;

(b) Assignments are described in the ITP;

(c) Resident work is supervised and part of a treatment program;

(d) Center or treatment home staff retain responsibility for basic housekeeping, maintenance of equipment, and maintenance of the physical environment; and

(e) Documentation of resident work occurs.

(6) Centers and treatment homes shall establish written policy and procedures to:

(a) Describe resident rights consistent with chapter 275-56 WAC;

(b) Require current written policy and signed physician orders guiding actions of staff when medical emergencies or threats to life occur including:

(i) Policy review as needed and at least once each two years;

(ii) Written approval of policies by representatives of medical, nursing, and administrative staff;

(iii) Maintenance of current transfer agreements with one or more acute care hospitals; and

(iv) Provision for transmitting medical and related resident information with a resident in event of transfer for medical or other treatment and care.

(c) Describe circumstances for notification of legal guardian or next-of-kin in event of:

(i) Serious change in resident condition;

(ii) Resident death;

(iii) Resident escape or unauthorized departure;

(iv) Transfer of resident to another facility; and

(v) Other unusual circumstances.

(d) Establish requirements consistent with chapter 70.160 RCW Washington Clean Indoor Air Act if residents, staff, or visitors are permitted to smoke in the center or treatment home;

(e) Provide for immediate emergency access to sleeping rooms, toilets, showers, bathrooms, or other rooms occupied by residents;

(f) Maintain resident monitoring and safety consistent with chapter 275-55 WAC if seclusion rooms or restraints are used;

(g) Provide for availability and access to emergency supplies and equipment identified in emergency medical policies;

(h) Provide guidance for staff in:

(i) Summoning of internal and external assistance, e.g., poison center, police, fire department;

(ii) Immediate actions required when resident behavior is violent or assaultive;

(iii) Regular documented rehearsals of safe, effective staff action when a resident is violent or assaultive;

(iv) Regular documented rehearsal of a fire and disaster plan; and

(v) Actions and documentation in clinical record following accidents or incidents considered harmful or injurious to a resident.

(i) Require the presence of one or more on-duty staff with current training in first aid and cardiopulmonary resuscitation;

(j) Encourage safe transportation of residents including:

(i) Assuring center-owned vehicles used for resident transport are in safe operating condition with records of preventive maintenance;

(ii) Providing a center authorization including a requirement for a current driver's license for each driver of a center-owned vehicle transporting residents;

(iii) Mandatory use of seat belts or other safety devices;

(iv) Observation of maximum vehicle passenger capacity; and

(v) Description of circumstances when residents are transported in vehicles not owned or operated by the center.

(k) Establish systems for routine preventive maintenance, documentation of the plan, and documentation of dates inspected.

[Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-035, filed 8/9/88.]

WAC 248-25-040 Pharmaceutical services in adult residential rehabilitation centers. (1) Each center shall have an agreement with a pharmacist to advise on matters relating to the practice of pharmacy, drug utilization, control, and accountability.

(2) Centers shall obtain written approval of a physician and pharmacist for written policies and procedures addressing:

(a) Procuring,

(b) Prescribing,

(c) Administering,

(d) Dispensing,

(e) Storage,

(f) Transcription of orders,

(g) Use of standing orders,

(h) Disposal of drugs,

(i) Self-administration of medication, and

(j) Control or disposal of drugs brought into the center by residents and/or recording of drug administration in the clinical record.

(3) Centers shall require and ensure:

(a) Written orders signed by a physician or other legally authorized practitioner acting within the scope of his or her license, for all medications administered to residents;

(b) An organized system to maintain accuracy in receiving, transcribing, and implementing orders for administration of medications;

(c) Drug dispensing only by persons licensed to dispense drugs;

(d) Drug administering only by persons licensed to administer drugs;

(e) Drugs brought into the center for resident use while in the center are specifically ordered by a physician;

(f) Control and appropriate use of all drugs administered or self-administered within the center;

(g) Provisions for procurement, drug profiles, labeling and storage of medications, drugs, and chemicals;

(h) Procurement of drugs ordered or prescribed for a specific resident by individual prescription only;

(i) The services of a pharmacist and pharmacy so that medications, supplies, and individual prescriptions are provided without undue delay;

(j) Medication containers within the center are clearly and legibly labeled with the medication name (generic and/or trade), strength, and expiration date (if available);

(k) Medications, poisons, and chemicals kept anywhere in the center are:

(i) Plainly labeled and stored in a specifically designated, secure, well-illuminated cabinet, closet, or storeroom;

(ii) Made accessible only to authorized persons; and

(iii) Maintained so that external medications are separated from internal medications.

(l) Maintenance of appropriate warning or poison labels and separate storage for poisonous external chemicals, caustic materials, and drugs.

(4) Centers shall maintain a current drug reference readily available for use by staff and treatment team members.

[Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-040, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-040, filed 8/6/82.]

WAC 248-25-045 Food storage--Preparation--Service. (1) Centers shall maintain food service facilities and practices complying with chapter 248-84 WAC.

(2) Centers and treatment homes shall provide:

(a) A minimum of three meals in each twenty-four hour period;

(b) Evidence of written approval by the department when a specific request for fewer than three meals per twenty-four hour period is granted;

(c) A maximum time interval between the evening meal and breakfast of fourteen hours unless a snack contributing to the daily nutrient total is served or made available to all residents between the evening meal and breakfast;

(d) Dated, written menus which:

(i) Are written at least one week in advance,

(ii) Are retained six months, and

(iii) Provide a variety of foods with cycle duration of at least three weeks before repeating.

(e) Substitutions for food on menus of comparable nutrient value;

(f) Palatable, attractively served diets, meals, and nourishments sufficient in quality, quantity, and variety to meet the recommended dietary allowances of the food and nutrition board, national research council, 1980 edition; and

(g) A record of all food and snacks served and contributing to nutritional requirements.

(3) Centers and treatment homes shall prepare and serve:

(a) Resident specific modified or therapeutic diets when prescribed and as prescribed by a physician with menus approved by a dietitian; and

(b) Only those nutrient concentrates and supplements prescribed in writing by a physician.

[Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-045, filed 8/9/88.]

WAC 248-25-050 Infection control in adult residential rehabilitation centers. (1) Centers shall establish written policies and procedures addressing infection control and isolation of residents (should isolation be necessary and medically appropriate for an infectious condition).

(2) Centers shall report communicable disease in accordance with chapter 248-100 WAC.

(3) Centers shall maintain:

(a) A current system for reporting, investigating, and reviewing infections among residents and personnel; and

(b) A system for keeping records on such infections.

(4) Centers shall require off-duty status or restrict resident contact where an employee is known to have a communicable disease in an infectious stage and is likely to be spread by casual contact.

[Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-050, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-050, filed 8/6/82.]

WAC 248-25-060 Clinical records. (1) Centers shall maintain and retain:

(a) A well-defined clinical record system, adequate and experienced staff;

(b) Adequate facilities, equipment, and supplies necessary to the development, maintenance, security, control, retrieval, analysis, use, and preservation of resident care data; and

(c) A person demonstrating competency and experience or training in clinical record administration responsible for the clinical record system.

(2) Centers and treatment homes shall document and maintain individual resident records and a record system in accordance with recognized principles of clinical record management to include:

(a) Ready access for appropriate members of staff;

[(b) Systematic methods for identifying the record of each resident; and

(c) Legible, dated, authenticated entries (ink, type-written, computer terminal, or equivalent) on all diagnostic and treatment procedures and other clinical events].

(3) Centers shall have current policies and procedures related to the clinical record system including:

(a) An established format and documentation expectations for the clinical record of each resident;

(b) Control of access to and release of data in clinical records including confidentiality of information contained in records and release of information in accordance with chapter 71.05 RCW;

(c) Retention, preservation, and final disposal of clinical records and other resident care data to ensure:

(i) Retention and preservation of:

(A) Each resident's clinical record for a period of no less than five years, or for five years following the resident's most recent discharge, whichever is the longer period of time;

(B) A complete discharge summary, authenticated by an appropriate member of the staff, for a period of no less than ten years or no less than ten years following the

resident's most recent discharge, whichever is the longer period of time; and

(C) Reports of tests related to the psychiatric condition of each resident for a period of no less than ten years or no less than ten years following the resident's most recent discharge, whichever is the longer period of time.

(ii) Final disposal of any resident clinical record, indices, or other reports permitting identification of the individual shall be accomplished so retrieval and subsequent use of data contained therein are impossible;

(iii) In the event of transfer of ownership of the center or treatment home, resident clinical records, indices, and reports remain in the center or treatment home, retained and preserved by the new operator in accordance with this section;

(iv) Center or treatment home arrangements for preservation of clinical records, reports, indices, and resident data in accordance with this section if the center or treatment home ceases operation; and

(v) Department approval of plans for preservation and retention of records prior to cessation of operation.

(d) Psychiatric diagnoses, abbreviations, and terminology consistent with the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, third edition, revised (DSM-III-R), physical diagnoses, abbreviations, and terminology consistent with *International Classification of Diseases*, ninth revision, Clinical Modification (ICD-9-CM);

(e) Clinical records identifying information, assessments by the multidisciplinary treatment team, regular progress notes by members of the multidisciplinary treatment team, individualized treatment plans, final evaluation, and a discharge summary;

(f) A master resident index;

(g) Identifying information;

(h) Assessments and regular progress notes by the multidisciplinary treatment team;

(i) Individualized treatment plans; and

(j) Final evaluation and discharge summary.

[Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-060, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-060, filed 8/6/82.]

Reviser's note: RCW 34.04.058 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 248-25-070 Physical environment in adult residential rehabilitation centers. (1) Each center shall provide a safe, clean environment for residents, staff, and visitors.

(2) Centers shall provide:

(a) A ground floor accessible to the physically handicapped; and

(b) Program activity areas and sleeping quarters for any physically handicapped residents on floors meeting applicable standards.

(3) Residents' sleeping rooms.

(a) Centers shall provide sleeping rooms which:

(i) Are directly accessible from a corridor or common-use activity room or an area for residents;

(ii) Are outside rooms with a clear glass window area of approximately one-tenth of the usable floor area;

(iii) Have windows above the ground floor level appropriately screened or have a security window;

(iv) Provide a minimum of eighty square feet of usable floor space in a single-bed room;

(v) Provide no less than seventy square feet of usable floor area per bed in multi-bed rooms;

(vi) Accommodate no more than four residents;

(vii) Provide no less than seven and one-half feet of ceiling height over the required floor area;

(viii) Provide space so beds do not interfere with the entrance, exit, or traffic flow within the room;

(ix) Have dimensions and conformation allowing placement of beds three feet apart; and

(x) Have room furnishings maintained in a clean, safe condition.

(b) Centers shall prohibit use of any room more than three feet, six inches below grade as a resident sleeping room.

(c) Centers shall provide:

(i) Visual privacy for each resident as needed and may achieve this through a program assuring privacy in toileting, bathing, showering, and dressing;

(ii) An enclosed space suitable for hanging garments and storage of personal belongings for each resident within or convenient to his or her room; and

(iii) Secure storage of resident valuables in the room or elsewhere.

(d) Centers shall provide each resident access to his or her room with the following exceptions:

(i) If appropriate, center rules may specify times when rooms are unavailable; and/or

(ii) An ITP may specify restrictions on use of a room.

(e) Centers shall provide a bed for each resident which is:

(i) At least thirty-six inches wide or appropriate to the special needs and size of the resident; and

(ii) Provided with a clean, cleanable, firm mattress and a clean, cleanable, or disposable pillow.

(4) Centers shall ensure that each resident occupied floor or level provides:

(a) One toilet and sink for each eight residents or any fraction thereof;

(b) A bathing facility for each twelve residents or fraction thereof; and

(c) Arrangements for privacy in toilets and bathing facilities.

(5) Centers shall provide:

(a) Adequate lighting in all areas;

(b) An adequate number of electrical outlets to permit use of electrical fixtures appropriate to the needs of residents and consistent with the program;

(c) General lighting for sleeping rooms with an electrical wall switch located at the door of each sleeping room to control one built-in light fixture within the room; and

(d) Emergency lighting equipment such as flashlights or battery-operated lamps available and maintained in operating condition.

(6) Ventilation.

(a) Centers shall provide ventilation of all rooms used by residents or personnel sufficient to remove objectionable odors, excessive heat, or condensation.

(b) Centers shall provide appropriate vents in inside rooms, including toilets, bathrooms, and other rooms where excessive moisture, odors, or contaminants originate.

(7) Centers shall provide:

(a) An adequate supply of hot and cold running water under pressure conforming with standards of the state board of health, chapter 248-54 WAC;

(b) Hot water temperature at bathing fixtures not to exceed one hundred twenty degrees Fahrenheit;

(c) Hot water at a temperature of one hundred forty degrees Fahrenheit available for laundry equipment; and

(d) Devices to prevent back-flow into the water supply system from fixtures where extension hoses or other cross connections may be used.

(8) Linen and laundry. Centers shall provide:

(a) An adequate storage area and supply of clean linen, washcloths, and towels available for resident use;

(b) Availability of at least one laundry room with washer and dryer located in an area separated from the kitchen and dining area; and

(c) Well-ventilated soiled laundry or linen storage and sorting areas physically separated from the clean linen handling area, the kitchen, and the eating areas.

(9) Centers shall provide at least one private area within the center for visitation of residents and guests.

(10) Centers shall provide an adequate number of therapy and examination rooms for:

(a) Group and individual therapy reasonably sound-proofed to maintain confidentiality;

(b) Seclusion or maximum security if required by a program, unless immediately accessible in a hospital, with each room:

(i) Under direct staff supervision;

(ii) Intended for short-term occupancy only;

(iii) Designed and furnished to provide maximum security and safety for occupant;

(iv) An inside or outside room with natural or artificial light;

(v) Provided with window lights in door or other provisions for direct visibility of an occupant at all times; and

(vi) A minimum of fifty square feet of floor space, exclusive of fixed equipment and a minimum dimension of six feet.

(c) Physical examination of residents when performed on a routine basis within the center including:

(i) Provisions for privacy and adequate light;

(ii) A handwashing facility with single-use disposable towels or equivalent; and

(iii) A soap dispenser.

(11) If seclusion or maximum security rooms are not required by program, these shall be immediately available in a hospital or other licensed facility.

(12) When medical and nursing supplies and equipment are washed, disinfected, stored, or handled within the center, centers shall provide utility and storage areas designed and equipped for these functions providing for segregation of clean and sterile supplies and equipment from contaminated supplies and equipment.

(13) Centers shall provide housekeeping facilities including:

(a) At least one service sink and housekeeping closet equipped with shelving; and

(b) Provision for collection and disposal of sewage, garbage, refuse, and liquid wastes in a manner to prevent creation of an unsafe or unsanitary condition or nuisance.

(14) Centers shall provide:

(a) A heating system operated and maintained to provide a comfortable, healthful temperature in rooms used by residents;

(b) An area for secure storage of resident records;

(c) An area providing privacy for authorized personnel to read and document in the resident records;

(d) An appropriately furnished dining room or rooms or area or areas large enough to provide table service for all residents;

(e) Sufficient space to accommodate various activities when a multipurpose room is used for dining as well as recreational activities or meetings; and

(f) At least forty square feet per bed for the total combined area utilized for dining, social, educational, recreational activities, and group therapies.

(15) Centers shall provide:

(a) Ready access to one "nonpay" telephone in the event of fire or other emergencies; and

(b) A readily available telephone for use by residents located so privacy is possible.

(16) Centers shall arrange availability of a safely maintained outdoor recreational area for use of residents.

[Statutory Authority: Chapter 71.12 RCW. 88-17-022 (Order 2668), § 248-25-070, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-070, filed 8/6/82.]

WAC 248-25-100 Resident care services in private adult treatment homes. (1) The treatment home shall have written policies regarding admission criteria and treatment methods. Admission of residents shall be in keeping with stated policies and limited to psychiatrically impaired residents for whom the home can provide adequate safety, treatment, and care.

(2) Rules and regulations contained in chapter 248-25 WAC shall apply except for the following:

(a) WAC 248-25-010 (5), (6), (8), and (9);

(b) WAC 248-25-020;

(c) WAC 248-25-030 (1), (2), (6)(f);

(d) WAC 248-25-035 (6)(j)(i)-(ii) and (6)(k);

(e) WAC 248-25-040;

(f) WAC 248-25-050; and

(g) WAC 248-25-070.

(3) The treatment home shall:

(a) Require a specific order or prescription by a physician or other legally authorized practitioner for resident medications;

(b) Assume responsibility for security and monitoring of resident medications including:

(i) Locked storage or other means to keep medication unaccessible to unauthorized persons;

(ii) Refrigeration of medication when required;

(iii) External and internal medications stored separately (separate compartments);

(iv) Each medication stored in original labeled container;

(v) Medication container labels including the name of the resident and the date of purchase;

(vi) Limiting disbursement and access to licensee except for self-administered medications;

(vii) Medications dispersed only on written approval of an individual or agency having authority by court order to approve medical care;

(viii) Medications dispersed only as specified on the prescription label or as otherwise authorized by a physician; and

(ix) Ensuring self-administration of medications by a resident in accordance with the following:

(A) The resident shall be physically and mentally capable of properly taking his or her own medicine; and

(B) Prescription drugs, over-the-counter drugs, and other medical materials used by individuals shall be kept so the prescription drugs are not available to other individuals.

(4) Clinical records and record systems shall comply with WAC 248-25-060.

[Statutory Authority: Chapter 71.12 RCW, 88-17-022 (Order 2668), § 248-25-100, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-100, filed 8/6/82.]

WAC 248-25-120 Physical environment requirements for private adult treatment homes. (1) The treatment home shall be located on a well-drained site, free from hazardous conditions, and accessible to other facilities necessary to carry out the program. At least one telephone on the premises shall be accessible for emergency use at all times.

(2) The treatment home shall provide and maintain the physical plant, premises, and equipment:

(a) In clean and sanitary condition,

(b) Free of hazards, and

(c) In good repair.

(3) Treatment homes shall provide:

(a) Suitable space for storage of clothing;

(b) Resident bedrooms which are outside rooms permitting entrance of natural light;

(c) Multiple occupancy bedrooms, when used, not less than fifty square feet per resident occupant of floor area exclusive of closets;

(d) A bed for each resident which is at least thirty-six inches wide with clean mattress, pillow, sheets, blankets, and pillowcases;

(e) Adequate facilities for separate storage of soiled and clean linen;

(f) At least one indoor flush-type toilet, one lavatory, and one bathtub or shower with hot and cold or tempered running water with:

(i) Provision for resident privacy; and

(ii) Soap and individual or disposable towels.

(g) Adequate lighting; and

(h) Discharge of sewage and liquid wastes into a public sewer system or into an independent sewage system approved by the local health authority or the department.

(4) Treatment homes shall ensure:

(a) Approval by the local health authority or department when a private water supply is provided;

(b) A heating system operated and maintained to provide not less than sixty-eight degrees Fahrenheit temperature in rooms used by residents during waking hours; and

(c) Premises free from rodents, flies, cockroaches, and other insects.

[Statutory Authority: Chapter 71.12 RCW, 88-17-022 (Order 2668), § 248-25-120, filed 8/9/88; 82-17-009 (Order 1858), § 248-25-120, filed 8/6/82.]

Chapter 248-40 WAC VITAL STATISTICS

WAC

248-40-040 Handling and care of human remains.

248-40-050 Transportation of human remains.

248-40-070 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-40-070 Confidential information on birth certificates. [Regulation .40.070, effective 3/11/60.] Repealed by 88-19-092 (Order 310), filed 9/20/88. Statutory Authority: RCW 70.58.200.

WAC 248-40-040 Handling and care of human remains. (1) Definitions applicable to WAC 248-40-040 and 248-40-050.

(a) "Barrier precaution" means protective attire or equipment or other physical barriers worn to protect or prevent exposure of skin and mucous membranes of the wearer to infected or potentially infected blood, tissue, and body fluids.

(b) "Burial transit permit" means a form, approved and supplied by the state registrar of vital statistics as described in chapter 43.20A RCW, identifying the name of the deceased, date and place of death, general information, disposition and registrar and sexton information.

(c) "Common carrier" means any person transporting property for the general public for compensation as defined in chapter 81.80 RCW.

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

(e) "Embalmer" means a person licensed as required in chapter 18.39 RCW and engaged in the profession or business of disinfecting, preserving, or preparing dead human bodies for disposal or transportation.

(f) "Funeral director" means a person licensed as required in chapter 18.39 RCW and engaged in the profession or business of conducting funerals and supervising or directing the burials and disposal of human remains.

(g) "Health care facility" means any facility or institution licensed under:

- (i) Chapter 18.20 RCW, boarding homes;
- (ii) Chapter 18.46 RCW, maternity homes;
- (iii) Chapter 18.51 RCW, nursing homes;
- (iv) Chapter 70.41 RCW, hospitals; or
- (v) Chapter 71.12 RCW, private establishments, or clinics, or other settings where one or more health care providers practice.

(h) "Health care provider" means any person having direct or supervisory responsibility for the delivery of health care or medical care including persons licensed in Washington state under Title 18 RCW to practice medicine, podiatry, chiropractic, optometry, osteopathy, nursing, midwifery, dentistry, physician assistant, and military personnel providing health care within Washington state regardless of licensure.

(i) "Local registrar of vital statistics" means the health officer or administrator who registers certificates of birth and death occurring in his or her designated registration district as defined in chapter 70.58 RCW.

(2) Funeral directors, medical examiners, coroners, health care providers, health care facilities, and their employees directly handling or touching human remains shall:

(a) Wash hands and other exposed skin surfaces with soap and water or equivalent immediately and thoroughly after contact with human remains, blood, or body fluids;

(b) Use barrier precautions whenever a procedure involves potential contact with blood, body fluids, or tissues of the deceased;

(c) Not eat, drink, or smoke in areas where handling of human remains or body fluids take place;

(d) Use reasonable precautions to prevent spillage of body fluids during transfer and transport of human remains including, when necessary:

(i) Containing, wrapping, or pouching with materials appropriate to the condition of the human remains; and

(ii) Obtaining approval from the coroner or medical examiner prior to pouching any human remains under their jurisdiction.

(e) Wash hands immediately after gloves are removed;

(f) Take precautions to prevent injuries by needles, scalpels, instruments, and equipment during use, cleaning, and disposal;

(g) Properly disinfect or discard protective garments and gloves immediately after use;

(h) Properly disinfect all surfaces, instruments, and equipment used if in contact with human remains, blood, or body fluids;

(i) Provide appropriate disposal of body fluids, blood, tissues, and wastes including:

(i) Equipping autopsy rooms, morgues, holding rooms, preparation rooms, and other places with impervious containers;

(ii) Lining containers with impervious, disposable material;

(iii) Equipping disposal containers with tightly fitting closures;

(iv) Destroying contents of disposal containers by methods approved by local ordinances and requirements related to disposal of infectious wastes;

(v) Immediately disposing of all fluids removed from bodies into a sewage system approved by the local health jurisdiction or by the department; and

(vi) Disinfecting immediately after use all containers and cans used to receive solid or fluid material taken from human remains.

(3) Funeral directors, embalmers, and others assisting in preparation of human remains shall refrigerate or embalm the remains within twenty-four hours of receipt. If remains are refrigerated, they shall remain so until final disposition or transport as permitted under WAC 248-40-050.

(4) Persons responsible for transfer or transport of human remains shall clean and disinfect equipment and the vehicle if body fluids are present and as necessary.

(5) Persons disposing of human remains in Washington state shall comply with requirements under chapter 68.50 RCW.

[Statutory Authority: RCW 43.20.050 (2)(e), 89-02-007 (Order 323), § 248-40-040, filed 12/27/88; 88-13-080 (Order 312), § 248-40-040, filed 6/16/88. Statutory Authority: RCW 43.20.050, 86-14-008 (Order 300), § 248-40-040, filed 6/19/86; Regulation .40.040, effective 3/11/60.]

WAC 248-40-050 Transportation of human remains. (1) Persons handling human remains shall:

(a) Use effective hygienic measures consistent with handling potentially infectious material;

(b) Obtain and use a burial-transit permit from the local health officer or local registrar of vital statistics when transporting human remains by common carrier;

(c) Enclose the burial-transit permit in a sturdy envelope; and

(d) Attach the permit to the shipping case.

(2) Prior to transporting human remains by common carrier, persons responsible for preparing and handling the remains shall:

(a) Enclose the casket or transfer case in a tightly closed, securely constructed outer box;

(b) Transport human remains pending final disposition more than twenty-four hours after receipt of human remains by the funeral director only if:

(i) The remains are thoroughly embalmed, or

(ii) The remains are prepared by:

(A) Packing orifices with a material saturated with a topical preservative;

(B) Wrapping the remains in absorbent material approximately one inch thick and saturated with a preservative or coating the remains with heavy viscosity preservative gel;

(C) Placing the remains in a lightweight, disposable burial pouch; and

(D) Placing the disposable burial pouch inside a heavy canvas rubberized pouch and appropriately sealing along the zippered area with a substance such as collodion.

(3) Persons responsible for human remains routed to the point of final destination on a burial-transit permit shall:

(a) Allow temporary holding of remains at a stopover point within the state of Washington for funeral or other purposes without an additional permit; and

(b) Surrender the burial-transit permit to the sexton or crematory official at the point of interment or cremation.

(4) Sextons and cremation officials shall accept the burial-transit permit as authority for interment or cremation anywhere within the state of Washington.

[Statutory Authority: RCW 43.20.050 (2)(e), 89-02-007 (Order 323), § 248-40-050, filed 12/27/88; 88-13-080 (Order 312), § 248-40-050, filed 6/16/88. Statutory Authority: RCW 43.20.050, 86-14-008 (Order 300), § 248-40-050, filed 6/19/86; Regulation .40.050, effective 3/11/60.]

WAC 248-40-070 Repealed. See Disposition Table at beginning of this chapter.

Chapter 248-54 WAC PUBLIC WATER SUPPLIES

WAC

PART 1. GENERAL

248-54-005	Purpose and scope.
248-54-015	Definitions.
248-54-025	General administration.
248-54-035	Requirements for engineers.
248-54-045	Enforcement.
248-54-055	Variations, waivers, and exemptions.

PART 2. PLANNING AND ENGINEERING DOCUMENTS

248-54-065	Water system plan.
248-54-085	Repealed.
248-54-086	Project report.
248-54-095	Repealed.
248-54-096	Construction documents.
248-54-097	Source approval.

PART 3. DESIGN OF PUBLIC WATER SYSTEMS

248-54-105	Design standards.
248-54-115	Repealed.
248-54-125	Source protection.
248-54-131	Lead in materials.
248-54-135	Distribution systems.
248-54-145	Disinfection of facilities.
248-54-155	Treatment design.

PART 4. WATER QUALITY

248-54-165	Monitoring requirements.
248-54-175	Maximum contaminant levels (MCLs).
248-54-185	Follow-up action.

PART 5. WATER SYSTEM OPERATIONS

248-54-194	Operator certification.
248-54-195	Repealed.
248-54-196	Small water system management program.
248-54-201	Reliability.
248-54-205	Continuity of service.
248-54-215	Treatment facility operation.
248-54-225	Watershed control.
248-54-235	Fluoridation of drinking water.
248-54-255	Public notification.

248-54-265	Analyses and records, reporting.
248-54-275	Repealed.
248-54-285	Cross-connection control.
248-54-291	Severability.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-54-085	Engineering report. [Statutory Authority: RCW 43.20.050, 83-19-002 (Order 266), § 248-54-085, filed 9/8/83.] Repealed by 88-05-057 (Order 307), filed 2/17/88. Statutory Authority: RCW 34.04.045.
248-54-095	Plans and specifications. [Statutory Authority: RCW 43.20.050, 83-19-002 (Order 266), § 248-54-095, filed 9/8/83.] Repealed by 88-05-057 (Order 307), filed 2/17/88. Statutory Authority: RCW 34.04.045.
248-54-115	Location. [Statutory Authority: RCW 43.20.050, 83-19-002 (Order 266), § 248-54-115, filed 9/8/83.] Repealed by 88-05-057 (Order 307), filed 2/17/88. Statutory Authority: RCW 34.04.045.
248-54-195	General operations program. [Statutory Authority: RCW 43.20.050, 83-19-002 (Order 266), § 248-54-195, filed 9/8/83.] Repealed by 88-05-057 (Order 307), filed 2/17/88. Statutory Authority: RCW 34.04.045.
248-54-275	Sanitary survey. [Statutory Authority: RCW 43.20.050, 83-19-002 (Order 266), § 248-54-275, filed 9/8/83.] Repealed by 88-05-057 (Order 307), filed 2/17/88. Statutory Authority: RCW 34.04.045.

PART 1. GENERAL

WAC 248-54-005 Purpose and scope. (1) The purpose of these rules is to protect the health of consumers using public drinking water supplies and to provide basic regulatory requirements for:

(a) Design, construction, sampling, management, and operation practices; and

(b) Provision of high quality drinking water in a reliable manner and in a quantity suitable for intended use.

(2) These rules are intended to conform with the intent of P.L. 93-523, the Federal Safe Drinking Water Act of 1974, and the Safe Drinking Water Act Amendments of 1986, Public Law 99-339.

(3) The rules set forth are adopted per chapter 43.20 RCW. Other statutes relating to this chapter are:

(a) Chapter 43.20A RCW, Department of social and health services;

(b) Chapter 70.05 RCW, Local health department, boards, officers—Regulations;

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

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

(e) Chapter 70.119A RCW, Public water supply systems—Penalties and compliance.

[Statutory Authority: RCW 34.04.045, 88-05-057 (Order 307), § 248-54-005, filed 2/17/88. Statutory Authority: RCW 43.20.050, 83-19-002 (Order 266), § 248-54-005, filed 9/8/83.]

WAC 248-54-015 Definitions. (1) Abbreviations:

kPa – kilo pascal (SI units of pressure),

m – meter,

MCL – maximum contaminant level,

mL – milliliter,

mm – millimeter,

mg/L – milligrams per liter,

MID – maximum instantaneous demand,
MPN – most probable number of coliform bacteria
per 100 mL,

pCi/L – picocuries per liter,
psi – pounds per square inch,
ug/L – micrograms per liter,
umhos/cm – micromhos per centimeter,

(2) Classes of public water systems:

(a) "Class 1" – A public water system having 100 or more permanent services.

(b) "Class 2" – A public water system having 10 through 99 permanent services.

(c) "Class 3" – A public water system serving a transitory population of 25 or more on any one day.

(d) "Class 4" – A public water system which is not a class 1, 2, or 3 system.

Note: If the public water system serves *both* permanent and transitory population, the higher classification will be used (class 1 being the highest, class 4 the lowest).

(3) "Contaminant" – Any substance present in drinking water which may adversely affect the health of the consumer and/or the aesthetic qualities of the water.

(4) "Cross-connection" – Any physical arrangement connecting a public water system, directly or indirectly, with anything other than another potable water system, capable of contaminating the public water system as a result of backflow.

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

(6) "Disinfection" – The use of chlorine or other agent or process, approved by the department for the purpose of killing or inactivating pathogenic and indicator organisms.

(7) "Distribution system" – That portion of a public water supply system which stores, transmits, pumps, and distributes water to consumers.

(8) "Fire flow" – The rate of water flow needed to fight fires as defined by applicable codes.

(9) "Guideline" – A department document intended to assist the purveyor in meeting a requirement of a rule.

(10) "Health officer" – The health officer of the city, county, city-county health department or district, or an authorized representative.

(11) "Hydraulic analysis" – The study of the water system network: To evaluate water flows within the distribution system under worst case conditions; such as, maximum hourly flow plus fire flow when required or maximum instantaneous demand (MID) when fire flow is not required. Hydraulic analysis includes consideration of all factors affecting system energy losses.

(12) "Maximum contaminant level" – The maximum permissible level of a contaminant in water delivered to any user of a public water system as measured at the locations identified in WAC 248-54-165, Table 4.

(13) "Maximum instantaneous demand" – The maximum rate of water use, excluding fire flow, experienced or expected within a defined service area at any instant in time.

(14) "Permanent population" – That population served by a public water system for three or more consecutive months.

(15) "Permanent service" – A drinking water connection which serves a permanent population.

(16) "Primary contaminant" – Any contaminant present in drinking water which may adversely affect the consumer's health.

(17) "Primary standards" – Standards based on chronic or acute human health effects.

(18) "Protected ground water source" – A ground water source shown to the satisfaction of the department to be protected from any potential sources of contamination on the basis of hydrogeologic data and/or satisfactory water quality history.

(19) "Public water system" – Any water supply system intended or used for human consumption or other domestic uses, including source, treatment, storage, transmission, and distribution facilities where water is furnished to any community or group of individuals, or is made available to the public for human consumption or domestic use, but excluding all water supply systems serving one single family residence. It also does not include water systems meeting all of the following requirements:

(a) Purchase their entire supply of water from another public water system subject to these regulations,

(b) Do not treat the water (other than softening or corrosion control), and

(c) Do not sell water. Businesses or systems merely storing and distributing water provided by others are exempt unless that system sells water as a separate item or bills separately for the water provided.

Note: Bottled water operations fall under Federal Food and Drug Administration regulations.

(20) "Purveyor" – Any agency or subdivision of the state or any municipal corporation, firm, company, mutual or cooperative association, institution, partnership, or person or any other entity that owns or operates a public water system. It also means the authorized agents of any such entities.

(21) "Secondary contaminant" – Any contaminant present in drinking water which ordinarily does not adversely affect the consumer's health. Secondary contaminants include, but are not limited to, those contaminants which adversely affect only the aesthetic qualities of water.

(22) "Secondary standards" – Standards based on factors other than health effects.

(23) "Service" – A connection to a public water system designed to serve a single family residence, dwelling unit, or equivalent use. If the facility has group home or barracks-type accommodations allowing three or more persons to occupy the same room, three persons will be considered equivalent to one service.

(24) "Standard methods" – The most recently published edition of the book, titled *Standard Methods for the Examination of Water and Waste Water*, jointly published by the American Public Health Association, American Water Works Association (AWWA), and Water Pollution Control Federation. This book is available through public libraries or may be ordered from

AWWA, 6666 West Quincy Avenue, Denver, Colorado 80235.

(25) "Transitory population" - That population using a public water system other than the permanent population, if any.

(26) "Well field" - A group of closely spaced wells obtaining water from the same aquifer.

(27) "Water facilities inventory form" (WFI) - The department form which summarizes each public water system's characteristics.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-015, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-015, filed 9/8/83.]

WAC 248-54-025 General administration. (1) The department and the health officer for each local health jurisdiction shall develop a joint plan of operation listing the roles of each agency for administering these rules. This plan shall:

(a) Specifically designate those systems for which the department and local health officer have primary responsibility,

(b) Provide for a minimum acceptable level of water system supervision.

(c) Be signed by the state health officer and the chairperson of the local board of health, and

(d) Be updated as needed and at least every five years.

Wherever in these rules the term "department" is used, the term "health officer" may be substituted based on the terms of this plan of operation.

(2) The department shall, upon request, review and report on the adequacy of water supply supervision to both the state and local boards of health.

(3) The local board of health may adopt rules covering public water systems within its jurisdiction for which the health officer has assumed primary responsibility. The adopted rules shall be consistent with chapter 248-54 WAC and local needs and resources.

(4) The health officer may waive any or all requirements of these rules for class 4 systems with two connections where the health officer has assumed primary responsibility for these systems.

(5) For those public water systems where the health officer has assumed primary responsibility, the health officer may approve project reports and construction documents in accordance with engineering criteria approved by the department.

(6) An advisory committee shall be established to provide guidance to the department on drinking water issues. The committee shall be appointed by the department and conform to department policies for advisory committees. The committee shall be composed of representatives of public water systems, public groups, agencies, and individuals having an interest in drinking water.

(7) The department may develop guidelines to clarify sections of the rules as needed and make these available for distribution.

(8) 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 the costs incurred in administering these rules.

(9) All state and local agencies involved in review, approval, surveillance, testing, and/or operation of public water systems, or issuance of permits for buildings or sewage systems shall be governed by these rules and any decisions of the department.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-025, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-025, filed 9/8/83.]

WAC 248-54-035 Requirements for engineers. (1) All water system plans, project reports, and construction documents shall be prepared by a professional engineer licensed in the state of Washington per chapter 18.43 RCW and shall bear the engineer's seal and signature. Exceptions to this requirement are:

(a) Minor projects not requiring engineering expertise as determined by the department per WAC 248-54-096(2); and

(b) Class 4 public water systems consisting of a simple well and pressure tank system with one pressure zone and not providing treatment. These systems may be designed by a water system designer certified by the local health jurisdiction in those counties having a recognized water system designer program.

(2) 'A Construction Report For Public Water System Projects' shall be submitted to the department on a form provided by the department within 60 days of completion and prior to use of any project approved by the department. The form must be signed by a professional engineer or in the case of projects not requiring engineering expertise as outlined in this section, the certified designer. The form shall state the project has been constructed and is substantially completed in accordance with approved construction documents and, in the opinion of the engineer, based on information available, the installation, testing, and disinfection of the system was carried out per department rules.

(3) It shall be the responsibility of the purveyor to assure the requirements of this section have been fulfilled prior to the use of any completed project. When necessary an updated water facilities inventory shall accompany the 'Construction Report For Public Water System Projects' form.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-035, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-035, filed 9/8/83.]

WAC 248-54-045 Enforcement. When any public water system is out of compliance with these rules, the department may initiate appropriate enforcement actions, regardless of any prior approvals issued by the department. These actions may include any one or combination of the following:

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

(2) Issuance of a compliance schedule for specific actions necessary to achieve compliance status;

(3) Issuance of departmental orders requiring specific actions or ceasing unacceptable activities within a designated time period. In emergency situations, orders may be issued in the field requiring immediate actions be taken;

(4) Departmental orders to stop work and/or refrain from using any public water system or improvements thereto until all written approvals required by statute or rule are obtained;

(5) Imposition of civil penalties for failure to comply with departmental orders may be issued for up to 5,000 dollars per day under authority of chapter 70.119A RCW. The department is authorized to levy penalties only in specific cases where either a public health emergency has been declared or in the case of chronic violators who refuse to correct a health problem after repeated requests from the department. An appeal process is identified in the law; and

(6) Legal action may be taken by the attorney general or local prosecutor. The legal action may be criminal or civil.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-045, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-045, filed 9/8/83.]

WAC 248-54-055 Variances, waivers, and exemptions. The state board of health may grant variances, waivers, and exemptions of any portion of these rules per WAC 248-08-596: *Provided*, That they are consistent with the intent of these rules and no public health hazard will result.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-055, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-055, filed 9/8/83.]

PART 2. PLANNING AND ENGINEERING DOCUMENTS

WAC 248-54-065 Water system plan. (1) The purpose of this section is to establish a uniform process for public water systems to:

- (a) Identify present and future needs;
- (b) Set forth means for meeting those needs; and
- (c) Do so in a manner consistent with other relevant plans and local, state, and federal laws.

(2) The following categories of public water systems shall develop a water system plan for review and approval by the department:

- (a) All public water systems having one thousand or more services;
- (b) Public water systems located in areas utilizing the Public Water System Coordination Act of 1977, chapter 70.116 RCW and chapter 248-56 WAC;
- (c) Any public water system experiencing problems related to planning, operation, and/or management as determined by the department; and
- (d) Any new public water system as determined by the department.

(3) The department shall work with the purveyor and other parties to establish the level of detail for a water

system plan. In general, the scope and detail of the plan will be related to size and complexity of the water system. Project reports may be combined with a water system plan.

(4) The water system plan shall address the following elements as a minimum for a period of at least ten years into the future. A department guideline titled *Planning Handbook* is available to assist the utility in adequately addressing these elements:

- (a) Basic water system planning data,
- (b) Existing system analysis,
- (c) Planned improvements,
- (d) Financial program,
- (e) Relationship and compatibility with other plans,
- (f) Supporting maps,
- (g) Operations program,
- (h) State Environmental Policy Act, and
- (i) Watershed control when applicable (see WAC 248-54-225).

(5) Department approval of a water system plan shall be in effect for five years from the date of written approval unless:

- (a) Major system improvements are contemplated which are not addressed in the plan,
- (b) Changes occur in the basic planning data affecting improvements identified, and
- (c) The department requests an updated plan.

(6) The purveyor shall update the plan and submit it for approval every five years. However, if only minor alterations to an existing plan are considered necessary, the purveyor may submit evidence supporting this conclusion in a letter to the department for approval.

(7) Project reports and construction documents submitted for approval per WAC 248-54-086 and 248-54-096 by purveyors required to have a water system plan, will not be considered for approval unless there is a current approved water system plan and the plan adequately addresses the project.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-065, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-065, filed 9/8/83.]

WAC 248-54-085 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-54-086 Project report. (1) The purpose of this section is to assure the following factors are taken into account for specific projects prior to construction:

- (a) Engineering concepts,
- (b) Design criteria,
- (c) Planning,
- (d) Source protection,
- (e) Water quality,
- (f) Local requirements such as fire flow, and
- (g) Other necessary considerations as determined by the department.

This report shall document the reasons for carrying out the project and WAC 248-54-096 shall identify how the project will be constructed.

(2) Project reports shall be submitted to the department for written approval prior to installation of any

new water system, water system extension, or improvement with the following exceptions:

- (a) Installation of valves, fittings, and meters;
- (b) Installation of hydrants per WAC 248-54-135(3);
- (c) Repair of a system component or replacement with a similar component;
- (d) Maintenance or painting of surfaces not contacting potable water; and
- (e) Distribution mains if approved standard construction specifications are documented in the water system plan approved by the department.

(3) Project reports shall be consistent with the standards identified in WAC 248-54-105 and shall include, at a minimum, the following (information contained in a current approved water system plan or current project report need not be duplicated in the new project report. Any planning information in a project report shall be project specific.):

(a) Project description. Identify what the project is intended to achieve, design considerations, approach, etc.;

(b) Planning. If the system has an approved water system plan, show the project's relationship to the plan. If a water system plan is not required, include:

- (i) General project background with population and water demand forecasts,
- (ii) Relationship between the project and other system components,
- (iii) Project schedule,
- (iv) Operations program, and
- (v) How the project will impact neighboring water systems.

(c) Alternatives. Describe options, their impacts, and justify the selected alternative;

(d) Legal considerations. Identify legal aspects such as ownership, right-of-way, sanitary control area, and restrictive covenants. Include discussion of the project's relationship with the boundary review board and the utility and transportation commission;

(e) Engineering calculations. Describe how the project complies with the design considerations. Include the hydraulic analysis, sizing justification, and other relevant technical considerations necessary to support the project;

(f) Management. If the system has an approved operations program, refer to that document. If not, describe:

- (i) System ownership and management responsibilities,
- (ii) Long-term management considerations,
- (iii) How the project will be operated, and
- (iv) How the project will be maintained over time.

(g) Implementation. Identify the schedule for completion of the project and implementation strategies, if any. Project phasing should also be discussed;

(h) State Environmental Policy Act. Include an environmental impact statement, determination of nonsignificance, or justify why SEPA does not apply to the project. Refer to chapter 248-06 WAC and the "DSHS Drinking Water SEPA Guide";

(i) Source development information. If the project involves source, refer to requirements per WAC 248-54-097; and

(j) Type of treatment. If the project involves treatment, refer to WAC 248-54-155.

(k) The information required in this subsection shall be included in a letter addendum to a class 4 workbook for class 4 systems.

(4) Approval of project documents shall be in effect for two years unless the department determines a need to withdraw the approval. An extension of the approval may be obtained by submitting a status report and a written schedule for completion. Extensions may be subject to additional terms and conditions imposed by the department.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-086, filed 2/17/88.]

WAC 248-54-095 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-54-096 Construction documents. (1) The purpose of this section is to assure detailed plans, specifications, drawings, and other documents are adequately prepared for specific projects. These documents shall identify how specific projects will be constructed while WAC 248-54-086 documents the reasons for carrying out the project.

(2) Construction documents shall be submitted to the department for written approval prior to installation of any new water system, or water system extension or improvement with the following exceptions:

- (a) Installation of valves, fittings, and meters;
- (b) Installation of hydrants per WAC 248-54-135(3);
- (c) Repair of a system component or replacement with a similar component;
- (d) Maintenance or painting of surfaces not contacting potable water;
- (e) Distribution mains if the approved water system plan documents standard construction specifications approved by the department.

(3) Construction documents shall be consistent with the standards identified in WAC 248-54-105 and shall include, at a minimum, the following:

- (a) Drawings. Include detailed drawings of each project component;
- (b) Material specifications. List detailed material specifications for each project component;
- (c) Construction specifications. List detailed construction specifications and assembly techniques for carrying out the project;
- (d) Testing. Identify testing criteria and procedures for each applicable portion of the project;
- (e) Disinfection. Identify specific disinfection procedures which must conform with American water works association standards or other standards acceptable by the department;
- (f) Inspection. Identify provisions for inspection of the installation of each project component. See WAC 248-54-035 for construction reporting requirements; and
- (g) Change orders. All changes except for minor field revisions must be submitted to and approved by the department in writing. Identify who will be responsible for

obtaining departmental approval and how change orders will be reported to the department.

(4) Approval of construction documents shall be in effect for two years unless the department determines a need to withdraw the approval. An extension of the approval may be obtained by submitting a status report and a written schedule for completion. Extensions may be subject to additional terms and conditions imposed by the department.

(5) A department guideline titled *Planning Handbook* is available to assist the utility in meeting the requirements of this section.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-096, filed 2/17/88.]

WAC 248-54-097 Source approval. Information regarding new, previously unapproved sources, or modification of existing sources of supply shall be provided as follows.

(1) Prior to source development, an on-site inspection and approval made by the department or a local health department representative is required. A copy of the site approval and a map of the site and vicinity shall be included with the construction documents.

(2) A copy of the water right permit, if required, obtained from the department of ecology for the source, quantity, type, and place of use.

(3) A copy of the water well report.

(4) A general description of the watershed, spring, and/or aquifer recharge area affecting the quantity or quality of flow within the watershed or recharge area.

(5) For unfiltered surface water, the watershed control program identified in WAC 248-54-225.

(6) Upstream water uses affecting either water quality or quantity.

(7) A map depicting topography, distances to the surface water intake, well or spring from existing property lines, buildings, potential sources of contamination, ditches, drainage patterns, and any other natural or man-made features affecting the quality or quantity of water.

(8) The dimensions and location of sanitary control area as set forth in WAC 248-54-125.

(9) Copies of the recorded legal documents for the sanitary control area necessary to protect the source of supply.

(10) A hydrogeologic assessment of the proposed source with respect to the probable long-term capacity of the source to meet system needs. Source development data for spring and surface sources shall include seasonal variation.

(11) The results of an initial analysis of the raw water quality, including as a minimum a bacteriological and complete inorganic chemical and physical analysis from each source. When source water quality is subject to variation, additional monitoring may be required by the department to define the range of variation. If the source being approved is for a class 1 or 2 public water system, a radionuclide analysis shall also be required.

(12) Well source development data to establish the capacity of the source shall include static water level,

yield, the amount of drawdown, recovery rate, and duration of pumping. Interference between existing sources and the source being tested must also be shown. To determine whether the well and aquifer are capable of supplying water at the rate desired and to provide information necessary to determine the proper pump settings in the well, the source shall be pump tested at no less than the maximum design rate. A department guideline on pump testing is available to assist purveyors.

(13) Detailed information regarding all aspects of water quality addressed in WAC 248-54-175. If treatment is planned, refer to WAC 248-54-155(2).

(14) Other information may be required by the department. Prior to initiating source development or modification, the purveyor should contact the department in order to identify any such additional information.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-097, filed 2/17/88.]

PART 3. DESIGN OF PUBLIC WATER SYSTEMS

WAC 248-54-105 Design standards. (1) Good engineering practices shall be used in the design of all public water systems, such as those set out in:

(a) The most recently published edition of *Recommended Standards for Water Works, A Committee Report of the Great Lakes - Upper Mississippi River Board of State Sanitary Engineers*;

(b) Department guideline titled *Sizing Guidelines for Public Water Supplies*;

(c) Standard specifications of the American Public Works Association;

(d) Standard specifications of the American Water Works Association; and

(e) Design criteria, such as contained in current college texts and professional journal articles, acceptable to the department; and

(f) WAC 173-160 *Minimum Standards for Construction and Maintenance of Water Wells*.

(2) In addition, all new or expanding public water systems shall use the following design factors:

(a) Historical water use,

(b) Community versus recreational uses of water,

(c) Local conditions and/or regulations,

(d) Community expectations,

(e) Public Water System Coordination Act considerations where appropriate,

(f) Risks from potential disasters, and

(g) Other requirements as determined by the department.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-105, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-105, filed 9/8/83.]

WAC 248-54-115 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-54-125 Source protection. Public drinking water shall be obtained from the highest quality source feasible. Existing and proposed sources of supply

shall conform to the water quality standards established in WAC 248-54-175.

(1) For wells and springs, the minimum sanitary control area shall have a radius of one hundred feet (thirty meters) and two hundred feet (sixty meters) respectively, unless engineering justification supports a smaller area. The justification must address geological and hydrological data, well construction details, and other relevant factors needed to assure adequate sanitary control. The department may require a larger sanitary control area than is set forth above if geological and hydrological data supports such a decision. It shall be the purveyor's responsibility to obtain the protection needed.

Within the control area, no source of contamination may be constructed, stored, disposed of, or applied without the permission of the department and the purveyor.

(2) The control area for new sources must be owned by the purveyor in fee simple, or the purveyor must have the right to exercise complete sanitary control of the land through other legal provisions.

A purveyor, owning all or part of the sanitary control area in fee simple or having possession and control, shall send to the department copies of legal documentation, such as a duly recorded declaration of covenant, restricting the use of the land. This document shall state no source of contamination may be constructed, stored, disposed of, or applied without the permission of the department and the purveyor, and if any change in ownership of the system or sanitary control area is considered, all affected parties shall be informed of these requirements.

Where portions of the control area are in the possession and control of another, the purveyor must obtain a duly recorded restrictive covenant which shall run with the land, restricting the use of said land in accordance with these rules and provide the department with copies of the appropriate documentation.

(3) Adequate watershed control, consistent with treatment provided, shall be demonstrated and documented for all surface water sources per WAC 248-54-225. A section in the department guideline titled *Planning Handbook* deals with watershed control and is available to assist utilities in this regard.

(4) Where, in the opinion of the department a potential risk exists to the water quality of a source, additional controls or monitoring may be required.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-125, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-125, filed 9/8/83.]

WAC 248-54-131 Lead in materials. (1) Any pipe, pipe fittings, solder, or flux used in the installation or repair of a public water system shall be lead-free. This prohibition shall not apply to leaded joints necessary for the repair of cast iron pipes.

(2) Within the context of this section, lead-free shall mean:

(a) No more than eight percent lead in pipes and pipe fittings, and

(b) No more than two-tenths of one percent lead in solder and flux.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-131, filed 2/17/88.]

WAC 248-54-135 Distribution systems. (1) All new distribution reservoirs shall have suitable watertight roofs or covers preventing entry by birds, animals, insects, and dust and shall include appropriate provisions to safeguard against trespass, vandalism, and sabotage. Existing uncovered distribution reservoirs shall comply with the provisions of WAC 248-54-245.

(2) The purveyor shall size and evaluate the distribution system using a hydraulic analysis acceptable to the department.

(3) The minimum diameter of all distribution mains shall be six inches (150 mm) unless justified by hydraulic analysis. Systems designed to provide fire flows shall have a minimum distribution main size of six inches (150 mm). Installation of standard fire hydrants shall not be allowed on mains less than six inches (150 mm) in diameter.

(4) New public water systems or additions to existing systems shall provide a design quantity of water at a positive pressure of at least 30 psi (200 kPa) under maximum instantaneous demand flow conditions measured at any customer's water meter or at the property line if no meter exists.

(5) If fire flow is to be provided, the distribution system shall be designed to provide the required fire flow at a pressure of at least 20 psi during MID conditions.

(6) Booster pumps needed for individual services shall be subject to review and approval by the department. Installation shall be made under the supervision of the purveyor to assure cross-connection control requirements are met.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-135, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-135, filed 9/8/83.]

WAC 248-54-145 Disinfection of facilities. No portion of a public water system containing potable water shall be put into service, nor shall service be resumed, until the facility has been effectively disinfected. The procedure used for disinfection shall conform to the American Water Works Association standards or other standards acceptable to the department. In cases of new construction, drinking water shall not be furnished to the consumer until satisfactory bacteriological samples have been analyzed by a laboratory certified by the state.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-145, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-145, filed 9/8/83.]

WAC 248-54-155 Treatment design. (1) Finished water quality from existing and proposed sources of supply shall conform to the minimum water quality standards established in WAC 248-54-175.

(2) Predesign studies shall be required for proposed surface water supplies and those ground water supplies requiring treatment. The goal of the predesign study shall be to establish the most acceptable method to produce satisfactory finished water quality and shall be

done in conjunction with a project report as per WAC 248-54-086.

(3) The minimum level of treatment for all public water supplies shall be continuous and effective disinfection. The requirement for disinfection may be waived for public water systems with:

- (a) Well sources:
 - (i) Having a satisfactory bacteriological history, and
 - (ii) Drawing from a protected aquifer as determined by the department.
- (b) Spring sources:
 - (i) Having a satisfactory bacteriological history;
 - (ii) Having evidence to demonstrate, to the satisfaction of the department, the spring originates in a stratum not subject to contamination; and
 - (iii) Where the water is collected by a method precluding contamination.

(4) Treatment for surface water supplies shall be coagulation, flocculation, filtration, and disinfection. In certain cases, alternative treatment designs followed by disinfection may be acceptable to the department, provided there is adequate engineering justification.

(5) Disinfection as the sole means of treatment for existing surface water supplies may be acceptable to the department provided the purveyor can demonstrate adequate:

- (a) Watershed control per WAC 248-54-225,
 - (b) Raw and finished water quality, and
 - (c) Water system design and operation.
- (6) Disinfection methods, other than chlorination, i.e., ozonation, ultraviolet radiation, iodination may be approved by the department with appropriate engineering justification.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-155, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-155, filed 9/8/83.]

PART 4. WATER QUALITY

WAC 248-54-165 Monitoring requirements. (1) General.

(a) The purveyor shall be responsible for satisfying all requirements of this section. The monitoring requirements in this section are minimums. Additional monitoring may be required by the department.

(b) Samples required in this section shall be collected, transported, and analyzed according to methods approved by the department. The analyses shall be done by the state public health laboratory or by any other laboratory certified by the state for the analyses to be performed, except turbidity as required by WAC 248-54-165(4) may be tested by water utility or health department personnel.

(c) When one public water system receives water from another public water system, the receiving system is required to take only the bacteriological samples as noted in Table 1 or Table 2 as appropriate.

Subject to revision as appropriate, the department may reduce the monitoring requirement of the receiving system provided the receiving system:

- (i) Has had a good water quality history,
- (ii) Is operated in a satisfactory manner consistent with these regulations,
- (iii) Is included in the supplying system's regular monitoring schedule, and
- (iv) Is included in the service and population totals for the supplying system.

Periodic reviews of the system's sampling record may be made to determine if continued reduction is appropriate.

(d) Special purpose samples, such as check samples or samples taken to determine if disinfection following pipe repair has been sufficient, shall not count toward fulfillment of these monitoring requirements.

(e) All monitoring requirements in subsections (2) through (11) of this section apply equally to systems serving permanent or transitory populations unless otherwise stated.

(2) Bacteriological.

(a) Drinking water samples shall be collected for bacteriological analysis from representative points in the distribution system at regular time intervals.

(b) The frequency for monitoring drinking water shall be determined according to the following:

(i) For systems whose class is determined by the number of permanent connections served, the minimum number of routine samples to be analyzed is shown on Table 1.

(ii) For class 3 systems, the minimum number of routine samples to be analyzed is shown in Table 2. In the case where an activity lasts for one week or less, sampling frequency shall be as directed by the department.

(iii) For systems having both permanent connections and transitory population, the minimum number of routine samples to be analyzed may vary from month to month. The number of samples required each month will be the higher number of samples from Table 1 and Table 2.

(c) When disinfection is practiced, the purveyor shall collect untreated (raw) water samples from each source for bacteriological analysis of total coliform in addition to the number of treated samples required. The frequency of monitoring untreated water shall be determined according to the following:

(i) For protected ground water sources, one sample every three months shall be analyzed.

(ii) For unprotected ground water sources, the number of samples analyzed shall be twenty percent of the distribution samples required each month, and in no case less than one every three months.

(iii) For surface sources with treatment including coagulation, filtration, and disinfection or other treatment process, the number of samples analyzed shall be ten percent of the distribution samples required each month, and in no case less than one every three months.

(iv) For surface sources without coagulation and filtration treatment, the number of samples analyzed shall be twenty percent of the distribution samples required each month, and in no case less than one every three months.

TABLE 1

MINIMUM NUMBER OF ROUTINE BACTERIOLOGICAL SAMPLES TO BE TAKEN FROM THE DISTRIBUTION SYSTEM FOR SYSTEMS WHOSE SAMPLING REQUIREMENTS ARE BASED ON PERMANENT SERVICES

Number of Permanent Services	Permanent Population* Served	Minimum No. of Samples Per Month	Permanent Population Served	Minimum No. of Samples Per Month
2 - 9	-	1 every 12 months	37,001 - 41,000	45
10 - 99	-	1**	41,001 - 46,000	50
100 or more	Less than 1,001	1	46,001 - 50,000	55
	1,001 - 2,500	2	50,001 - 54,000	60
	2,501 - 3,300	3	54,001 - 59,000	65
	3,301 - 4,100	4	59,001 - 64,000	70
	4,101 - 4,900	5	64,001 - 70,000	75
	4,901 - 5,800	6	70,001 - 76,000	80
	5,801 - 6,700	7	76,001 - 83,000	85
	6,701 - 7,600	8	83,001 - 90,000	90
	7,601 - 8,500	9	90,001 - 96,000	95
	8,501 - 9,400	10	96,001 - 111,000	100
	9,401 - 10,300	11	111,001 - 130,000	110
	10,301 - 11,100	12	130,001 - 160,000	120
	11,101 - 12,000	13	160,001 - 190,000	130
	12,001 - 12,900	14	190,001 - 220,000	140
	12,901 - 13,700	15	220,001 - 250,000	150
	13,701 - 14,600	16	250,001 - 290,000	160
	14,601 - 15,500	17	290,001 - 320,000	170
	15,501 - 16,300	18	320,001 - 360,000	180
	16,301 - 17,200	19	360,001 - 410,000	190
	17,201 - 18,100	20	410,001 - 450,000	200
	18,101 - 18,900	21	450,001 - 500,000	210
	18,901 - 19,800	22	500,001 - 550,000	220
	19,801 - 20,700	23	550,001 - 600,000	230
	20,701 - 21,500	24	600,001 - 660,000	240
	21,501 - 22,300	25	660,001 - 720,000	250
	22,301 - 23,200	26	720,001 - 780,000	260
	23,201 - 24,000	27	780,001 - 840,000	270
	24,001 - 24,900	28	840,001 - 910,000	280
	24,901 - 25,000	29	910,001 - 970,000	290
	25,001 - 28,000	30	970,001 - 1,050,000	300
	28,001 - 33,000	35	1,050,001 - 1,140,000	310
	33,001 - 37,000	40	More than 1,140,001	***

*Does not include population of utilities wholesaled to, except as provided in WAC 248-54-165 (1)(c).

**May be reduced by the department to no less than one every three months for systems with protected ground water sources.

***See Federal Regulation 12-24-75, EPA, National Interim Primary Drinking Water Regulations, Section 141.21.

TABLE 2

MINIMUM NUMBER OF ROUTINE BACTERIOLOGICAL SAMPLES TO BE TAKEN FROM THE DISTRIBUTION SYSTEM FOR WATER SYSTEMS WHOSE SAMPLING REQUIREMENTS ARE DETERMINED BASED ON TRANSITORY POPULATIONS

Maximum Day Population Served in Any One Month	Minimum Number Samples That Month
Less than 25	1 every 12 months
25 - 299	1 every 3 months
300 - 999	1*
1,000 - 2,499	2
2,500 - 3,499	3
3,500 - 4,999	4
5,000 - 9,999	6
10,000 - 14,999	8
15,000 - 19,999	10
20,000 - 29,999	12
30,000 - 39,999	14
40,000 - 49,999	16
50,000 - 74,999	20
75,000 - 99,999	25
100,000 or more	30

*May be reduced by the department to one every three months for systems with protected ground water sources.

(3) Inorganic chemical and physical.

(a) The complete inorganic chemical and physical analysis consists of the primary and secondary chemical and physical standards.

(i) Primary chemical and physical standards - Arsenic, barium, cadmium, chromium, fluoride, lead, mercury, nitrate (as N), selenium, silver, sodium, and turbidity.

(ii) Secondary chemical and physical standards - Chloride, color, copper, hardness, iron, manganese, specific conductivity, sulfate*, total dissolved solids*, and zinc.

*Required only when specific conductivity exceeds seven hundred micromhos/centimeter.

(b) Samples taken for inorganic chemical analyses shall be collected at the source prior to any treatment.

(c) The frequency for monitoring shall be according to the following:

(i) Class 1 and 2 systems shall have one complete analysis from each surface water source every twelve months.

(ii) Class 1 and 2 systems shall have one complete analysis from each ground water source or well field every thirty-six months.

(iii) Class 3 and 4 systems shall have one initial complete analysis from each source or well field. The minimum requirement for the initial complete analysis may be waived or reduced by the department if available information shows to the satisfaction of the department that the aquifer provides water of satisfactory inorganic chemical quality.

(iv) After the initial complete analysis, class 3 and 4 systems shall have one nitrate sample analyzed from each source or well field every thirty-six months.

(d) When treatment is provided for one or more inorganic chemical or physical contaminants, samples shall be taken for the specific contaminant or contaminants before and after treatment. The frequency shall be determined by the department.

(4) Turbidity.

(a) Class 1, 2, and 3 systems with surface water sources shall monitor turbidity at least once a day.

(b) Turbidity shall be monitored at or before the entry point to the distribution system and where needed for treatment process control.

(c) The monitoring requirements for class 4 systems shall be determined by the department.

(d) Turbidimeters shall be properly operated, maintained, and calibrated at all times, based on the manufacturer's recommendations.

(5) Trihalomethanes.

(a) Class 1 ground water systems serving a population of 10,000 or more and using chlorine or other oxidants in the treatment process shall monitor for maximum total trihalomethane potential (MTTP). These ground water systems shall collect one sample from each treated well or well field every 12 months. This sample should be taken at the source prior to treatment. If this is not possible, the sample should be taken at the extreme end of the distribution system. This sample shall be analyzed for maximum total trihalomethane potential (MTTP).

(b) Class 1 surface water systems serving a population of 10,000 or more and using chlorine or other oxidants in the treatment process, shall monitor for total trihalomethanes (TTHM) according to the following schedule:

(i) Four samples shall be collected for each treatment plant every three months. The samples shall be taken within a twenty-four hour period. Twenty-five percent of the samples shall be taken from the extreme end of the distribution system and seventy-five percent from locations representing the population distribution. The samples shall be analyzed for total trihalomethanes (TTHM).

(ii) The monitoring requirement may be reduced after one year if the TTHM levels are less than 0.10 mg/L. The reduced frequency will be a minimum of one sample every three months for each treatment plant, taken at a point representative of the extreme end of the distribution system.

(6) Corrosivity.

(a) Class 1 and 2 systems shall monitor for corrosion characteristics as follows:

(i) Systems with surface water sources shall take two sets of three samples during a consecutive twelve-month period. One set shall be taken during the winter and one during the summer. One of the samples in each set shall be taken from the source (prior to treatment) and two samples shall be collected from free-flowing outlets at different locations within the distribution system representing worst case locations for corrosion. Additional

samples may be required from larger systems using several pipe materials.

(ii) Systems with ground water sources shall take one set of samples during a twelve-month period in the same manner as required for surface water sources.

(b) The analysis shall be for the corrosion byproducts including cadmium, copper, iron, lead, and zinc. In addition, alkalinity, pH, hardness, temperature, total dissolved solids (TDS), and the Langelier index value shall be determined for the source samples.

(c) Monitoring of corrosion characteristics after the initial sampling has been completed shall be as required by the department.

(7) Pesticides.

Class 1 and 2 systems with surface water sources shall monitor for pesticides for which MCLs are established every thirty-six months or as directed by the department. The sample shall be collected during the time of year designated by the department as the time when pesticide contamination is most likely to occur.

(8) Radionuclides.

(a) Monitoring requirements for gross alpha particle activity, radium-226 and radium-228 are:

(i) Class 1 and 2 systems shall monitor once every forty-eight months or as directed by the department. Compliance shall be based on the analysis of an annual composite of four consecutive quarterly samples or the average of the analyses of four samples obtained at quarterly intervals.

(ii) Analysis for radium-226 and radium-228 may be omitted if the gross alpha particle activity is less than five pCi/L.

(iii) If the results of the initial analysis are less than half of the established MCL, the department may allow compliance with the monitoring requirements to be based on analysis of a single sample collected every forty-eight months.

(b) Monitoring requirements for man-made radioactivity:

(i) Class 1 systems using surface water sources and serving more than one hundred thousand persons and other water systems designated by the department shall monitor for man-made radioactivity (beta particle and photon) every forty-eight months or as required by the department. Compliance shall be based on the analysis of a composite of four consecutive quarterly samples or the analysis of four quarterly samples.

(ii) Any water system, as directed by the department, downstream from a nuclear facility shall monitor once every three months for gross beta and iodine-131, and monitor once every twelve months for strontium-90 and tritium. The department may allow the substitution of environmental surveillance data taken in conjunction with a nuclear facility for direct monitoring of man-made radioactivity after a determination that such data is applicable to a particular public water system.

(9) Other organic compounds with established MCLs shall be monitored as directed by the department.

(10) Organic compounds with no established MCL shall be monitored as directed by the department.

(11) Other substances.

On the basis of public health concerns, monitoring of additional substances may be required by the department.

TABLE 3

MINIMUM MONITORING REQUIREMENTS

System Class	Sample Type	Number of Samples Required*
1 and 2	Bacteriological	Refer to Table 1
	Inorganic Chemical and Physical (Primary and Secondary)	Surface water sources - one complete analysis per source every 12 months Ground water sources - one complete analysis per source or well field every 36 months
	Turbidity	Surface water sources - daily
	Trihalomethanes	Systems with 10,000 or more population and using chlorine. Surface water sources - 4 per treated source every 3 months. After one year may be reduced to 1 per source every 3 months Ground water sources - 1 per treated source every 12 months
	Corrosivity	Surface water sources - 2 sets per source during a 12-month period Ground water sources - 1 set per source or well field during a 12-month period

System Class	Sample Type	Number of Samples Required*
	Pesticides	Once every 36 months for surface water sources
	Radionuclides	Once every 48 months
	Other Organics	As directed by the department
3	Bacteriological	Refer to Table 2
	Inorganic Chemical and Physical (Primary and Secondary)	An initial complete analysis per source or well field unless waived by the department per WAC 248-54-165 (3)(c)(iii). After initial sample, one nitrate per source every 36 months
	Turbidity	Surface water sources - daily
	Trihalomethanes, Corrosivity, Pesticides, Radionuclides, and Other Organics	As required by the department
4	Bacteriological	One every 12 months
	Inorganic Chemical and Physical (Primary and Secondary)	An initial complete analysis per source or well field unless waived by the department per WAC 248-54-165 (3)(c)(iii). After initial sample, one nitrate per source every 36 months
	Turbidity, Trihalomethanes, Corrosivity, Pesticides, Radionuclides, and Other Organics	As required by the department

*These are the minimum requirements. Additional monitoring may be required by the department.

TABLE 4

MONITORING LOCATION

Sample Type	Sample Location
Bacteriological	From representative points in distribution system.
Complete Inorganic Chemical and Physical	From a sample point as close to the source as possible.
Nitrate	From a sample point as close to the source as possible.
Turbidity - Surface Water	From a location at or before the entry point to the distribution system and where needed for treatment process control.
Trihalomethanes - Surface Water	From representative points in the distribution system.
- Ground Water	From the source prior to treatment.
Corrosivity	From the source and at locations in the distribution system.

Sample Type	Sample Location
Pesticides - Surface Water	From the source.
Radionuclides	From the source.
Other Organics	As directed by the department.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-165, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-165, filed 9/8/83.]

WAC 248-54-175 Maximum contaminant levels (MCLs). (1) The purveyor shall be responsible for complying with the standards of water quality identified in this section.

If any substance exceeds its maximum contaminant level (MCL), the purveyor shall take follow-up action as outlined in WAC 248-54-185.

(2) In enforcing the standards set out in this section, the department shall seek to enforce compliance with the

primary standards as its first priority. Secondary standards shall be enforced based on department discretion as the public interest warrants.

(3) Bacteriological.

(a) Standards set forth in this subsection shall be considered primary standards.

(b) If any coliform bacteria are present in any sample, follow-up action as described in WAC 248-54-185(2) shall be taken.

(c) The MCL for coliform bacteria is as follows:

(i) When the membrane filter test is used, the number of coliform bacteria shall not be greater than:

(A) One per one hundred milliliters as the average of all samples tested each month;

(B) Four per one hundred milliliters in two or more samples when less than twenty samples are tested each month; or

(C) Four per one hundred milliliters in more than five percent of the samples when twenty or more samples are tested each month.

(ii) When the five-tube MPN method is used, coliform bacteria shall not be present in:

(A) More than ten percent of the tubes tested each month;

(B) Three or more tubes in two or more samples when less than twenty samples are tested each month; or

(C) Three or more tubes in more than five percent of the samples when twenty or more samples are tested each month.

(iii) The department may allow systems required to take less than four samples each month to base compliance with this section on the samples taken during the three-month period consisting of the month in question and the previous two months.

(iv) Special purpose samples, such as those taken to determine if disinfection following pipe repair or replacement has been sufficient, or check samples shall not be used to determine compliance with the MCL.

(v) Samples with unsuitable test results, i.e., confluent growth, TNTC (too numerous to count), excess debris, etc., will not qualify as routine samples and will not count toward fulfillment of the monitoring requirement.

(4) Inorganic chemical and physical.

The MCLs are as listed in Table 5 and 6:

TABLE 5

INORGANIC CHEMICAL CHARACTERISTICS

Substance	Primary Maximum Contaminant Level (mg/L)
Arsenic (As)	0.05
Barium (Ba)	1.0
Cadmium (Cd)	0.01
Chromium (Cr)	0.05
Fluoride (F)	4.0
Lead (Pb)	0.05
Mercury (Hg)	0.002
Nitrate (as N)	10.0
Selenium (Se)	0.01
Silver (Ag)	0.05
Sodium (Na)	None established

Substance	Secondary Maximum Contaminant Level (mg/L)
Chloride (Cl)	250.0
Copper (Cu)	1.0
Fluoride (F)	2.0
Iron (Fe)	0.3
Manganese (Mn)	0.05
Sulfate (SO ₄)	250.0
Zinc (Zn)	5.0

TABLE 6

PHYSICAL CHARACTERISTICS

Substance	Primary Maximum Contaminant Level (mg/L)
Turbidity	1 Turbidity Unit

Substance	Secondary Maximum Contaminant Level (mg/L)
Color	15 Color Units
Hardness	None established
Specific Conductivity	700 unhos/cm
Total Dissolved Solids (TDS)	500 mg/L

Note: Although there has not been an MCL established for sodium, there is enough public health significance connected with sodium levels to require inclusion in inorganic chemical and physical monitoring.

(5) Turbidity.

The MCLs for turbidity are as follows:

(a) One nephelometric turbidity unit (NTU), based on a monthly average of the maximum daily turbidity, where the maximum daily turbidity is defined as:

(i) The average of the highest two hourly readings over a twenty-four hour period when continuous monitoring is used, or

(ii) The average of two grab samples taken within one hour when daily monitoring is used.

The limit may be increased to five NTUs if the purveyor can show the source is within a controlled watershed and meets all the requirements of WAC 248-54-125 and 248-54-225.

(b) Five NTUs based on an average of the maximum daily turbidity for two consecutive days.

(6) Trihalomethanes.

(a) Standards set forth in this subsection shall be considered primary standards.

(b) The MCL for total trihalomethanes (TTHM) is 0.10 mg/L. The concentrations of each of the trihalomethane compounds [trichloromethane (chloroform), dibromo-chloromethane, bromodichloromethane, and tribromomethane (bromoform)] are added together to determine the TTHM level.

(c) There is no MCL for maximum total trihalomethane potential (MTTP). If the MTTP value exceeds 0.10 mg/L, the purveyor shall follow up per WAC 248-54-185(5).

(7) Corrosivity.

Follow-up action as outlined in WAC 248-54-185 shall be taken if any corrosion byproduct exceeds the

MCL or the increase in levels between source and distribution sampling points is significant.

The corrosivity characteristics as generalized by the Langelier index are as follows: Highly aggressive is less than -2, moderately aggressive is -2 to 0, nonaggressive is greater than 0.

(8) Pesticides.

(a) Standards set forth in this subsection shall be considered primary standards.

(b) The MCLs for pesticides are as follows:

(i) Chlorinated hydrocarbons:

Endrin	0.0002 mg/L
Lindane	0.004 mg/L
Methoxychlor	0.1 mg/L
Toxaphene	0.005 mg/L

(ii) Chlorophenoxys:

2, 4-D	0.1 mg/L
2, 4, 5-TP Silvex	0.01 mg/L

(9) Radionuclides.

(a) Standards set forth in this subsection shall be considered primary standards.

(b) The MCLs for radium-226, radium-228, and gross alpha particle radioactivity are as follows:

Radium-226	3 pCi/L
Combined Radium-226 and Radium-228	5 pCi/L
Gross alpha particle activity (excluding uranium)	15 pCi/L

(c) The MCL for beta particle and photon radioactivity from man-made radionuclides is that the average annual concentration shall not produce an annual dose equivalent to the total body or any internal organ greater than four millirem/year.

Compliance with the four millirem/year dose limitation may be assumed if the average annual concentration for gross beta activity, tritium, and strontium-90 are less than 50 pCi/L, 20,000 pCi/L, and 8 pCi/L respectively, provided that if both radionuclides are present, the sum of their annual dose equivalents to bone marrow shall not exceed four millirem/year.

(10) The maximum levels allowable for any additional substances monitored shall be determined by the department.

[Statutory Authority: RCW 34.04.045, 88-05-057 (Order 307), § 248-54-175, filed 2/17/88. Statutory Authority: RCW 43.20.050, 83-19-002 (Order 266), § 248-54-175, filed 9/8/83.]

Reviser's note: The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency and appear herein pursuant to the requirements of RCW 34.08.040.

WAC 248-54-185 Follow-up action. (1) General.

(a) If water quality exceeds any MCLs listed in WAC 248-54-175, follow-up action as described in this section shall be taken.

(b) When a primary MCL has been exceeded, the purveyor shall notify the public according to the procedures outlined in WAC 248-54-255.

(c) When a primary MCL violation has been confirmed, the purveyor shall determine the cause of the contamination and take corrective action as required by the department. The purveyor shall also notify the department within forty-eight hours.

(d) When a secondary MCL violation has been confirmed, the purveyor shall notify the department and take corrective action as directed by the department.

(2) Bacteriological.

(a) When any coliform bacteria is present in any sample analyzed by the membrane filter method, the purveyor shall take action as follows:

(i) When the sample result is one through four per one hundred milliliters, the sample is unsatisfactory and an additional drinking water sample shall be taken to confirm the presence of contamination.

(ii) When the sample result is greater than four per one hundred milliliters, the sample is unsatisfactory and nonconforming. The purveyor shall take action to determine and correct the cause of the contamination. Daily check samples shall continue to be collected until at least two consecutive daily check samples show less than one per one hundred milliliters coliform bacteria.

(b) When any coliform bacteria is present in any sample analyzed by the five-tube MPN method, the purveyor shall take action as follows:

(i) When the sample result is one or two tubes positive, the sample is unsatisfactory and an additional drinking water sample shall be taken to confirm the presence of contamination.

(ii) When the sample result is three or more tubes positive, the sample is unsatisfactory and nonconforming. The purveyor shall take action to determine and correct the cause of the contamination. Daily check samples shall continue to be collected until at least two consecutive daily check samples show no coliform bacteria is present.

(c) All additional samples required by this section shall be collected from the same location where the unsatisfactory or unsuitable sample was taken, except as specified by the department.

(d) All additional samples shall be submitted for analyses as soon as possible after the unsatisfactory or unsuitable results are known.

(e) When the presence of coliform bacteria in water has been confirmed by check samples, the purveyor shall notify the department within forty-eight hours.

(f) When the sample result is marked unsuitable, an additional drinking water sample shall then be submitted for analysis for each unsuitable result immediately upon notification of the unsuitable result. The additional sample shall be analyzed by the MPN testing method.

(g) The location where the daily check samples were taken to fulfill the requirements of this section shall not be eliminated from future sampling without the department's approval.

(3) Inorganic chemical and physical.

(a) Confirming an MCL violation.

(i) The method for confirming an MCL violation for all inorganic chemical and physical substances except nitrate is as follows: When an initial analysis of any

substance exceeds the MCL, the purveyor shall take three additional samples for analysis of that substance within one month of the initial sample and from the same sampling point.

If the average of the initial analysis and the three additional analyses exceeds the MCL, a violation has been confirmed. The purveyor shall report the confirmed violation to the department.

(ii) The method for confirming an MCL violation for nitrate is as follows: When an initial analysis for nitrate exceeds the MCL, the purveyor shall immediately take one additional sample from the same sampling point. If the average of the two samples exceeds the MCL, a violation has been confirmed.

(b) Since an MCL for sodium has not yet been established, the purveyor shall make analytical results available to the public on request. (This will allow physicians and persons on sodium-restricted diets to obtain results as needed.)

(4) Turbidity.

(a) When the turbidity exceeds the maximum allowable limit identified in WAC 248-54-175 for longer than one hour monitored continuously, the purveyor shall report to the department within forty-eight hours. When the results of a manual turbidity analysis exceeds the maximum allowable limit, another sample shall be collected within one hour. When the repeat sample confirms the maximum allowable limit has been exceeded, the purveyor shall notify the department.

(b) When the MCL is exceeded, the purveyor shall notify the department within forty-eight hours.

(5) Trihalomethanes. When the average of all samples taken during any twelve-month period exceeds the MCL for total trihalomethanes, the violation is confirmed and the purveyor shall take correction action as required by the department. If the maximum trihalomethane potential result is equal to or greater than 0.10 mg/L and the result is confirmed by a check sample, the system shall monitor according to WAC 248-54-165 (5)(b)(i) for at least one year.

(6) Corrosivity. When a comparison of the byproduct level shows a substantial increase from source to distribution system, the purveyor shall take action as directed by the department.

(7) Follow-up action shall be determined by the department when the MCL for any additional substance is exceeded.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-185, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-185, filed 9/8/83.]

PART 5. WATER SYSTEM OPERATIONS

WAC 248-54-194 Operator certification. A certified operator is required per chapter 70.119 RCW and chapter 248-55 WAC for the following public water systems:

- (1) Those serving one hundred services or more; and
- (2) Those serving twenty-five or more persons year-round which are supplied by a surface water source and are required to filter.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-194, filed 2/17/88.]

WAC 248-54-195 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-54-196 Small water system management program. (1) The purpose of a small water system management program is to assure the water system:

(a) Is properly and reliably managed and operated, and

(b) Continues to exist as a functional and viable entity.

(2) A water system management program shall be developed and implemented for all systems not required to complete a water system plan as described in WAC 248-54-065.

(3) The department shall have the authority to require submission of this program for review and comment when:

(a) A new water system is proposed;

(b) A new project is proposed for an existing system;

(c) An existing system has problems associated with inadequate or improper management or operations;

(d) Requested by the department for an existing system not having approved engineering documents, such as, or similar to, those described in WAC 248-54-086 and 248-54-096; and

(e) There is a change in ownership of the system.

(4) A department guideline titled *Planning Handbook* is available to assist the purveyor in establishing the level of detail and content of the management program. Content and detail shall be consistent with the size, complexity, past performance, and use of the public water system. General content topics shall include, but not be limited to, the following elements:

(a) Ownership and decision-making issues,

(b) Financing, and

(c) Operations.

(5) The department may require changes be made to a water system management program if necessary to effectively accomplish the program's purpose.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-196, filed 2/17/88.]

WAC 248-54-201 Reliability. (1) Any proposed public water system facility or expansion or modification of an existing system shall provide an adequate quantity and quality of water in a reliable manner at all times.

(a) In determining whether a proposed public water system or an expansion or modification of an existing system is capable of providing an adequate quantity of water, the department shall consider the immediate as well as the reasonably anticipated future needs of the system's consumers.

(b) In determining whether an existing public water system is providing an adequate quantity of water, the department shall consider the needs of the system's existing consumers exclusively, unless, in the department's discretion, consideration of the needs of potential consumers is in the public interest.

(2) The system shall be constructed, operated, and maintained to protect against failures of the power supply, treatment process, equipment, or structure with appropriate back-up facilities. Security measures shall be employed to assure the water source, water treatment processes, water storage facilities, and the distribution system are under the strict control of the purveyor.

(3) Where fire flow is required, a positive pressure at the water meter or property line shall be maintained throughout the system under fire flow conditions.

(4) Water pressure at the customer's service meter or property line if a meter is not used shall be maintained at the approved design pressure under MID conditions. In no case shall the pressure be less than twenty psi under MID conditions.

(5) Water use restrictions as a designed operation practice shall not be allowed. However, water use restrictions may be allowed in times of drought.

(6) No intake or other connection shall be maintained between a public water system and a source of water not approved by the department.

(7) Every purveyor shall maintain twenty-four hour phone availability and shall respond to customer concerns and service complaints in a timely manner.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-201, filed 2/17/88.]

WAC 248-54-205 Continuity of service. (1) No purveyor shall transfer system ownership without providing written notice to the department and all customers. Such notice shall be provided at least one year prior to the transfer, unless the new owner agrees to an earlier date. Notification shall include a time schedule for transferring responsibilities, identification of the new owner, and under what authority the new ownership will operate. If the system is a corporation, identification of the registered agent shall also be provided.

(2) It shall be the responsibility of the utility transferring ownership to ensure all health-related standards pursuant to chapter 248-54 WAC are met during transfer of the utility. It shall also be the responsibility of the utility transferring ownership to inform and train the new owner regarding operation of the utility.

(3) No purveyor shall end utility operations without providing written notice to all customers and the department at least one year prior to termination of service.

(4) Where this section may be in conflict with existing state statutes, the more stringent statute shall prevail.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-205, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-205, filed 9/8/83.]

WAC 248-54-215 Treatment facility operation. (1) A bypass shall neither be established nor maintained to divert water around any feature of a treatment process, except with the approval of the department.

(2) The water purveyor may allow treatment by other organizations or individuals only in a manner approved by the department.

(3) When chlorine is used on a ground water source for disinfection or as otherwise directed by the department, and the pH does not exceed 8.0, the purveyor shall maintain a minimum free chlorine residual of 0.2 milligrams per liter (mg/L) in all active parts of the distribution system. The minimum contact time provided before the first customer shall be:

(a) Thirty minutes if 0.2 mg/L free chlorine residual is maintained, or

(b) Ten minutes if 0.6 mg/L free chlorine residual is maintained.

(4) The department may require the purveyor to provide longer contact times, higher chlorine residuals, or additional treatment for the following sources:

(a) Surface water,

(b) Shallow wells,

(c) Springs,

(d) Infiltration galleries,

(e) Those with high turbidity,

(f) Those with high pH, and

(g) Other sources particularly susceptible to contamination as identified by the department.

(5) All water purveyors using chlorination shall monitor chlorine residual at representative points in the system on a daily basis or as approved by the department. The analyses shall be conducted per the most recently published edition of *Standard Methods for the Examination of Water and Waste Water*. Reports shall be sent to the department, in a format acceptable to the department, within ten days of the end of the reporting month. In order to assure adequate monitoring of chlorine residual, the department may require the use of continuous chlorine residual analyzers and recorders.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-215, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-215, filed 9/8/83.]

WAC 248-54-225 Watershed control. (1) All public water systems utilizing surface water shall adequately exercise surveillance over conditions affecting source water quality.

(2) Those public water systems using unfiltered surface waters shall, in addition to subsection (1) of this section, document a watershed control program. All facilities and activities in the watershed affecting public health shall be under the surveillance of the water purveyor and shall be satisfactorily limited and controlled so as to preclude degradation of the physical, chemical, microbiological, viral, and radiological quality of the source of supply.

(3) Those public water systems using unfiltered surface water shall submit to the department for approval a report identifying all conditions, activities, and facilities within the watershed, together with an acceptable program for necessary surveillance, limitation, and control. This report shall be part of the water system plan required in WAC 248-54-065, included in a small water system management program as required in WAC 248-54-196, or prepared independently for those systems not

required to have such a plan. A section in the department guideline titled *Planning Handbook* deals with watershed control and is available to assist utilities in adequately addressing the following basic elements:

- (a) Watershed description,
- (b) Watershed control,
- (c) System operation, and
- (d) Water quality trends.

The report shall be updated as needed or required by the department.

[Statutory Authority: RCW 34.04.045, 88-05-057 (Order 307), § 248-54-225, filed 2/17/88. Statutory Authority: RCW 43.20.050, 83-19-002 (Order 266), § 248-54-225, filed 9/8/83.]

WAC 248-54-235 Fluoridation of drinking water.

(1) Where fluoridation is practiced, the concentration of fluoride shall be maintained in the range 0.8 through 1.3 mg/L. Determination of fluoride concentration shall be made daily, and reports of such analyses shall be submitted to the department, in a format acceptable to the department, within ten days of the end of the reporting month. Such analyses shall be made in accordance with procedures listed in the most recently published edition of *Standard Methods for the Examination of Water and Waste Water*.

(2) Monthly check samples shall be taken downstream, at the first sample tap where adequate mixing has taken place, from each fluoride injection point. These samples should be taken at the same place and time as the routine daily check samples. The samples along with a completed form shall be sent to the state public health laboratory, or a laboratory certified by the state, to test fluoride. A comparison of the results should then be made between samples analyzed in the field and the appropriate monthly check sample to assure the results are equivalent and field equipment is operating properly. An increased sampling schedule may be applied by the department if necessary to assure the adequacy and consistency of fluoridation.

[Statutory Authority: RCW 34.04.045, 88-05-057 (Order 307), § 248-54-235, filed 2/17/88. Statutory Authority: RCW 43.20.050, 83-19-002 (Order 266), § 248-54-235, filed 9/8/83.]

WAC 248-54-255 Public notification. (1) Responsibility. It shall be the duty and responsibility of the purveyor to issue a notice to the permanent residences served by the water system and send a copy of the notice or a written explanation of how the system users were notified to the department within thirty days of any of the following:

- (a) When any applicable primary MCL has been exceeded as per WAC 248-54-175,
 - (b) Failure to comply with an applicable testing procedure,
 - (c) Failure to comply with any treatment technique having been prescribed, and
 - (d) Failure to do the prescribed monitoring as required.
- (2) Content.

(a) Public notices issued per this section shall be written in a manner designed to fully inform the users of the water system of the reasons for the notice.

(b) The notice shall:

- (i) Be conspicuous;
- (ii) Disclose all material facts regarding the subject;
- (iii) Disclose the nature of the problem;
- (iv) When appropriate, provide a clear statement showing a primary MCL has been exceeded; and
- (v) When appropriate, describe any preventive measures to be taken by the consumers.

(c) The public notice shall not:

- (i) Use unduly technical language,
- (ii) Use unduly small print, or
- (iii) Use any other methods frustrating the purpose of the notice.

(d) The public notice may include:

- (i) A balanced explanation of the seriousness to the public health,
 - (ii) A fair explanation of steps taken by the system to correct any problem, and
 - (iii) The results of any additional sampling.
- (3) Frequency and distribution.

(a) The purveyor shall publish a notice on three or more consecutive days in a newspaper of general circulation in the area served by the system. This notice shall be run within fourteen days of the violation.

(b) If the area served by a class 1 or 2 system is not served by a daily newspaper of general circulation, notification shall be published in a weekly newspaper of general circulation serving the area on three consecutive weeks.

(c) If no weekly or daily newspaper of general circulation serves the area, notices shall be posted in post offices or other buildings within the system's service area.

(d) In addition to or in lieu of subsection (3)(a), (b), or (c) of this section, the users may be individually notified in writing, by telephone or in person, except that when a maximum contaminant level is exceeded the users must be notified by direct mail.

(4) If any of the events identified in subsection (1) of this section occur in any system serving a transitory population, the purveyor shall post written notice of the violation at conspicuous locations and points of use throughout the system.

(5) The purveyor shall notify customers and the department as soon as practical but no later than forty-eight hours after either of the following occurs:

(a) An emergency arises causing or threatening to cause a loss in water service for more than twenty-four hours; or

(b) When any situation occurs where the water quality may be degraded and public health may be threatened.

(6) When circumstances dictate a broader and/or more immediate notice be given to protect public health, the department may require notification by whatever means necessary.

(7) Notice to the water system users required by this section may be given by the department on behalf of the purveyor.

(8) When substances do not exceed an MCL, but have levels of health significance, the department may require the purveyor to notify the water system users.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-255, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-255, filed 9/8/83.]

WAC 248-54-265 Analyses and records, reporting.

(1) The purveyor shall keep the following records of operation and water quality analyses:

(a) Records of bacteriological and turbidity analyses shall be kept for five years. Records of chemical analyses shall be kept for as long as the system is in operation. Other records of operation and analyses required by the department shall be kept for three years. All records shall bear the signature of the operator in responsible charge of the water system or his or her representative. Class 1 and 2 systems shall keep these records available for inspection by the department and shall send the records to the department if requested. Actual laboratory reports may be kept or data may be transferred to tabular summaries, provided the following information is included:

(i) The date, place, and time of sampling, and the name of the person collecting the sample;

(ii) Identification of the sample as to whether it was a routine distribution system sample, check sample, raw or drinking water sample, or other special purpose sample;

(iii) Date of analysis;

(iv) Laboratory and person responsible for performing analysis;

(v) The analytical technique/method used; and

(vi) The results of the analysis.

(b) Records of action taken by the system to correct violations of primary drinking water regulations and copies of public notifications shall be kept for three years after the last action taken with respect to the particular violation involved.

(c) Copies of any written reports, summaries, or communications, relating to sanitary surveys of the system conducted by system personnel, by a consultant or by any local, state, or federal agency, shall be kept for ten years after completion of the sanitary survey involved.

(d) Where applicable, daily records of operation and analyses shall include the following:

(i) Chlorine residual;

(ii) Fluoride level;

(iii) Water treatment plant performance including, but not limited to:

(A) Type of chemicals used and quantity,

(B) Amount of water treated, and

(C) Results of analyses.

(iv) Turbidity; and

(v) Other information as specified by the department.

(2) Reporting.

(a) Except where a shorter reporting period is specified, the purveyor shall report monthly to the department. Reports shall be submitted prior to the tenth of the following month and include all tests, measurements, or analyses.

(b) Water facilities inventory and report form (WFI).

(i) Every class 1 and 2 purveyor shall submit an annual WFI update to the department.

(ii) Purveyors of class 3 and 4 water systems shall submit an updated WFI to the department as requested.

(iii) The purveyor shall submit an updated WFI to the department within thirty days of any change in name, class, ownership, or responsibility for management of the water system.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-265, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-265, filed 9/8/83.]

WAC 248-54-275 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-54-285 Cross-connection control. (1) General.

(a) Cross-connections which can be eliminated shall be eliminated. The purveyor shall work cooperatively with local authorities to eliminate or control potential cross-connections.

(b) The purveyor shall develop a cross-connection control program. The scope and complexity of the program shall be directly related to the size of the system and the potential public health risk. A department guideline titled *Planning Handbook* is available to assist the utility in developing this program. The cross-connection control program shall be included in the water system's plan per WAC 248-54-065 or small water system management program as outlined in WAC 248-54-196, whichever is appropriate[.]

(c) The purpose of a cross-connection control program is to protect the health of water consumers and the potability of the public water system by assuring:

(i) The inspection and regulation of plumbing in existing and proposed piping networks; and

(ii) The proper installation and surveillance of backflow prevention assemblies when actual or potential cross-connections exist and cannot be eliminated.

(d) The purveyor shall develop and document enforcement authority and operating policies in a manner acceptable to the department. The most recently published edition of the manual titled *Accepted Procedure and Practice in Cross Connection Control - Pacific Northwest Section - American Waterworks Association*, shall be used as a resource to establish:

(i) Minimum cross-connection control operating policies,

(ii) Backflow prevention assembly installation practices, and

(iii) Backflow prevention assembly testing procedures.

Purveyors and local authorities shall have the option of establishing more stringent requirements.

(e) When an existing cross-connection poses a potential health or system hazard, the purveyor shall shut off water service to the premises until the cross-connection has been eliminated or controlled by the installation of a proper backflow prevention assembly. The cross-connection control program manager for the department shall be notified when a service has been shut off.

(2) Backflow prevention assembly installation and testing.

(a) If a cross-connection cannot be eliminated, then:

(i) An air-gap separation, reduced pressure principle backflow prevention assembly (RPBA) or a reduced pressure principle detector backflow prevention assembly (RPDA) shall be installed if the cross-connection creates an actual or potential health or system hazard.

(ii) An air-gap separation, RPBA, RPDA, double-check valve backflow prevention assembly (DCVA), or double-check detector backflow prevention assembly (DCDA) shall be installed if the cross-connection is objectionable, but not hazardous to health.

(iii) A pressure vacuum breaker assembly (PVBA) or an atmospheric vacuum breaker may be installed where the substance which could backflow is objectionable but does not pose an unreasonable risk to health and where there is no possibility of backpressure in the downstream piping.

(iv) Air gaps or appropriate backflow prevention assemblies shall be installed at the service connection or within the following facilities, unless in the judgment of the water purveyor and the department, no hazard exists: Hospitals, mortuaries, clinics, laboratories, piers and docks, sewage treatment plants, food and beverage processing plants, chemical plants using water process, metal plating industries, petroleum processing or storage plants, radioactive material processing plants or nuclear reactors, car washes, facilities having a nonpotable auxiliary water supply, and others specified by the department.

(b) All RPBA's, RPDA's, DCVA's, DCDA's, and PVBA's shall be [models] approved by the department. The department shall publish and maintain a list of approved assemblies.

(c) All air gaps and backflow prevention assemblies shall be installed in accordance with the cross-connection control manual referenced in WAC 248-54-285 (1)(d) of this section.

(d) The purveyor may permit the substitution of a properly installed air gap in lieu of an approved backflow prevention assembly. All such air gap substitutions shall be inspected annually by a Washington state certified backflow assembly tester.

(e) A Washington state certified backflow assembly tester shall inspect and test all:

(i) RPBA's,

(ii) RPDA's,

(iii) DCVA's,

(iv) DCDA's,

(v) New PVBA installations, and

(vi) Existing PVBA's as they are discovered through routine inspections.

(f) Tests and/or inspections shall be conducted:

(i) At the time of initial installation,

(ii) Annually after initial installation, or more frequently if tests indicate repeated failures, and

(iii) After the assembly is repaired.

(g) The assemblies shall be repaired, overhauled, or replaced whenever found to be defective. The purveyor shall require that improperly installed or altered air gaps

be replumbed or replaced by an approved RPBA at their discretion. Inspections, tests, and repairs shall be made under the purveyor's supervision and records thereof kept as required by the purveyor.

(h) The purveyor shall deny or discontinue water service to any customer failing to cooperate in the installation, maintenance, testing, or inspection of backflow prevention assemblies required by these regulations.

(3) Washington state certified backflow assembly testers.

(a) A backflow assembly tester shall become certified and maintain their certification per department backflow assembly tester certification program guidelines.

(b) The department shall maintain a list of persons certified to test backflow prevention assemblies.

[Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-285, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-285, filed 9/8/83.]

WAC 248-54-291 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 34.04.045. 88-05-057 (Order 307), § 248-54-291, filed 2/17/88.]

Chapter 248-63 WAC

HEALTH SANITATION AND SAFETY STANDARDS FOR TEMPORARY-WORKER HOUSING (FORMERLY STANDARDS FOR LABOR CAMPS)

WAC

248-63-001	Purpose.
248-63-010	Definitions.
248-63-020	Repealed.
248-63-025	Permit—Administration—Enforcement—Exemptions.
248-63-030	Repealed.
248-63-035	Supervision and responsibility.
248-63-040	Repealed.
248-63-045	Location and maintenance.
248-63-050	Repealed.
248-63-055	Water supply.
248-63-060	Repealed.
248-63-065	Sewage disposal.
248-63-070	Repealed.
248-63-075	Construction and maintenance of dwelling units, dormitories, and other facilities used for temporary-worker housing.
248-63-080	Repealed.
248-63-085	Worker-supplied housing—Spaces and sites.
248-63-090	Repealed.
248-63-095	Toilets, handwashing, bathing, and laundry facilities.
248-63-100	Repealed.
248-63-105	Heating.
248-63-110	Repealed.
248-63-115	Lighting.
248-63-120	Repealed.
248-63-125	Cooking and foodhandling facilities.
248-63-130	Repealed.
248-63-135	Beds and bedding.
248-63-140	Repealed.
248-63-145	Health and safety provisions.
248-63-150	Repealed.
248-63-155	Refuse disposal.
248-63-160	Repealed.
248-63-165	Rodent and insect control.

248-63-170 Repealed.
 248-63-175 Disease prevention and control.
 248-63-180 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-63-020 Administration. [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.] Repealed by 88-10-027 (Order 309), filed 5/2/88. Statutory Authority: RCW 43.20.050.

248-63-030 Water supply. [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.] Repealed by 88-10-027 (Order 309), filed 5/2/88. Statutory Authority: RCW 43.20.050.

248-63-040 Sewage disposal. [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.] Repealed by 88-10-027 (Order 309), filed 5/2/88. Statutory Authority: RCW 43.20.050.

248-63-050 Plumbing. [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.] Repealed by 88-10-027 (Order 309), filed 5/2/88. Statutory Authority: RCW 43.20.050.

248-63-060 Refuse disposal. [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.] Repealed by 88-10-027 (Order 309), filed 5/2/88. Statutory Authority: RCW 43.20.050.

248-63-070 Rodent and insect control. [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.] Repealed by 88-10-027 (Order 309), filed 5/2/88. Statutory Authority: RCW 43.20.050.

248-63-080 Location and maintenance. [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.] Repealed by 88-10-027 (Order 309), filed 5/2/88. Statutory Authority: RCW 43.20.050.

248-63-090 Construction and maintenance of dwelling units and other buildings. [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.] Repealed by 88-10-027 (Order 309), filed 5/2/88. Statutory Authority: RCW 43.20.050.

248-63-100 Heating. [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.] Repealed by 88-10-027 (Order 309), filed 5/2/88. Statutory Authority: RCW 43.20.050.

248-63-110 Lighting. [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.] Repealed by 88-10-027 (Order 309), filed 5/2/88. Statutory Authority: RCW 43.20.050.

248-63-120 Toilet, handwashing, bathing, and laundry facilities. [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.] Repealed by 88-10-027 (Order 309), filed 5/2/88. Statutory Authority: RCW 43.20.050.

248-63-130 Foodhandling facilities. [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.] Repealed by 88-10-027 (Order 309), filed 5/2/88. Statutory Authority: RCW 43.20.050.

248-63-140 Beds and bedding. [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.] Repealed by 88-10-027 (Order 309), filed 5/2/88. Statutory Authority: RCW 43.20.050.

248-63-150 Safety provisions. [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.] Repealed by 88-10-027 (Order 309), filed 5/2/88. Statutory Authority: RCW 43.20.050.

248-63-160 Supervision and responsibility. [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.] Repealed by 88-10-027 (Order 309), filed 5/2/88. Statutory Authority: RCW 43.20.050.

248-63-170 Communicable disease. [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.] Repealed by 88-10-027 (Order 309), filed 5/2/88. Statutory Authority: RCW 43.20.050.

248-63-180 Exemptions. [Statutory Authority: RCW 43.20.050. 84-18-034 (Order 273), § 248-63-180, filed 8/30/84. Formerly WAC 248-61-180.] Repealed by 88-10-027 (Order 309), filed 5/2/88. Statutory Authority: RCW 43.20.050.

WAC 248-63-001 Purpose. Chapter 248-63 WAC establishes the Washington state board of health minimum health and sanitation requirements for temporary-worker housing or labor camps as specified in RCW 70.54.110. These rules implement the intent of RCW 43.20.050.

[Statutory Authority: RCW 43.20.050. 88-10-027 (Order 309), § 248-63-001, filed 5/2/88; 84-18-034 (Order 273), § 248-63-001, filed 8/30/84. Formerly WAC 248-61-001.]

WAC 248-63-010 Definitions. (1) "Construction" means building of new temporary-worker housing and additions, or alterations to existing temporary-worker housing when the housing started on or after May 3, 1969 (reference chapter 70.54 RCW).

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

(3) "Dormitory" means a shelter, building, or portion of a building which:

(a) Is physically separated from dwelling units and common use areas;

(b) Is designated by the operator as a sleeping area for groups of temporary workers and/or those who accompany temporary workers;

(c) Houses at least five occupants; and

(d) Lacks cooking and eating facilities.

(4) "Dwelling unit" means a shelter, building, or portion of a building which:

(a) Is physically separated from other units, dormitories, and common-use areas;

(b) Is designated by the operator for use by temporary workers and/or those who accompany temporary workers as sleeping and/or living space; and

(c) May contain cooking and eating facilities.

(5) "Exemption" means a written authorization from the Washington state board of health which excludes an operator from meeting a specific standard in this chapter. An exemption may be from:

(a) One or more subsections of this chapter;

(b) A specific condition; and/or

(c) A specific time limit.

(6) "Foodhandling facility" means a designated, enclosed area for preparation of food, either:

(a) "Central foodhandling facility," a cafeteria-type eating place with operator-furnished food prepared under the direction of the operator for consumption with or without charge by temporary workers; or

(b) "Common foodhandling facility," an area designated by the operator for temporary workers to store, prepare, cook, and eat their own food supplies.

(7) "Health and sanitation permit" or "permit" means a document issued by the department or the health officer authorizing the use of temporary-worker housing under conditions specified in this chapter. A permit will specify:

(a) The length of time the permit is valid;

(b) Operator's name; and

(c) Number of persons authorized to occupy temporary-worker housing according to square footage requirements.

(8) "Health officer" means the individual appointed under chapter 70.05 RCW as the health officer for a local health department or appointed under chapter 70.08 RCW as the director of public health of a combined city-county health department.

(9) "Laundry" means an area or room with laundry sink and/or mechanical washing machines used to wash clothing.

(10) "Operator" means owner or the individual designated as the person responsible for the temporary-worker housing and whose name appears on the health and sanitation permit.

(11) "Person" means any individual, firm, partnership, corporation, association or the legal successor thereof, or any agency of the city, county, or state, or any municipal subdivision.

(12) "Refuse" means solid wastes or garbage.

(13) "Sink" means a properly trapped plumbing fixture which prevents back passage or return of air and includes:

(a) "Handwashing sink" or lavatory with hot and cold water under pressure and which is used for handwashing purposes; or

(b) "Laundry sink" of a size large enough to accommodate hand laundering of clothing.

(14) "Temporary worker" means a person employed intermittently and not residing year-round in the same place.

(15) "Temporary-worker housing" (formerly a labor camp) means all facilities provided by the operator including:

(a) Foodhandling facilities, toilet, bathing, handwashing facilities, and laundry facilities;

(b) Spaces for accommodating worker-supplied housing and leisure/recreational facilities if either is provided;

(c) Shelter or a dormitory for housing ten or more temporary workers and/or those who accompany temporary workers;

(d) Five dwelling units; or

(e) A combination of facilities, shelters, spaces, dwelling units, or dormitories for housing ten or more temporary workers and/or those who accompany temporary workers.

(16) "Worker-supplied housing" means a shelter provided by the temporary worker and may include tents, recreational vehicles, or trailers.

[Statutory Authority: RCW 43.20.050, 88-10-027 (Order 309), § 248-63-010, filed 5/2/88; 84-18-034 (Order 273), § 248-63-010, filed 8/30/84. Formerly WAC 248-60A-010 and 248-61-010.]

WAC 248-63-020 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-63-025 Permit--Administration--Enforcement--Exemptions. (1) The operator shall:

(a) Submit a completed application to the department at least forty-five days prior to use of the temporary-worker housing;

(b) Have a permit from the department or health officer prior to initial occupancy;

(c) Produce the permit upon request of workers, representatives of workers, or representatives of governmental agencies; and

(d) Notify the department of a transfer of ownership.

(2) The operator may:

(a) Allow the use of temporary-worker housing without a permit when:

(i) More than forty-five days have passed since a completed application was submitted and received by the department or health officer as evidenced by the post mark; and

(ii) The department or health officer has not inspected or issued a permit; and

(iii) Other local, state, or federal laws, rules, or codes do not prohibit use of the temporary-worker housing.

(b) Request in writing an exemption from the Washington state board of health; and

(c) Appeal decisions of the department according to chapter 34.04 RCW Administrative procedures.

(3) The department may establish an agreement with a health officer whereby the health officer assumes responsibility for inspections, issuing permits, and enforcing chapter 248-63 WAC excluding exemptions.

(4) The department or health officer shall:

(a) Survey each premises of temporary-worker housing to ensure standards of this chapter are met, including inspection:

(i) Prior to issuance of initial permit;

(ii) Upon request of operator or occupant; and

(iii) At least once every year or more frequently as determined by the department or health officer.

(b) Respond to complaints;

(c) Issue a permit to the operator when an on-site inspection reveals conditions meet or exceed the requirements in chapter 248-63 WAC;

(d) Include on each permit the duration for which the permit is valid not to exceed two years;

(e) Take appropriate enforcement action including any one or combination of the following:

(i) Develop corrective action including a compliance schedule;

(ii) Notify the operator concerning violations; and

(iii) Suspend or revoke the permit.

(f) Allow the operator to use temporary-worker housing without a permit as specified in subsection (2) of this section.

(5) The department or health officer may:

(a) Issue a provisional permit when temporary-worker housing fails to meet the standards in this chapter if:

(i) A written corrective action plan including a compliance schedule is approved by the department or health officer; or

(ii) Pending the Washington state board of health's decision regarding an exemption request.

(b) Establish and collect fee as authorized in chapter 43.20A RCW or RCW 70.05.060.

[Statutory Authority: RCW 43.20.050. 88-10-027 (Order 309), § 248-63-025, filed 5/2/88.]

WAC 248-63-030 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-63-035 Supervision and responsibility. The operator shall:

(1) Ensure regular maintenance of occupied temporary-worker housing to meet standards in this chapter;

(2) Comply with this chapter prior to occupancy even if the department or health officer fails to issue a permit within forty-five days of application as described in WAC 248-63-025;

(3) Supervise the maintenance of temporary-worker housing at all times;

(4) Establish rules for users of temporary-worker housing consistent with health and sanitation requirements in this chapter;

(5) Post rules for temporary-worker health and sanitation when available from the department or health officer; and

(6) Inform occupants of their responsibilities related to maintaining housing consistent with health and sanitation requirements of this chapter.

[Statutory Authority: RCW 43.20.050. 88-10-027 (Order 309), § 248-63-035, filed 5/2/88.]

WAC 248-63-040 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-63-045 Location and maintenance. The operator shall:

(1) Provide well-drained sites for temporary-worker housing;

(2) Locate and maintain temporary-worker housing to prevent the creation of a health or safety hazard; and

(3) Not locate temporary-worker housing within five hundred feet of an occupied feedlot, dairy, or poultry operation unless the department or health officer determines that no health risk exists.

[Statutory Authority: RCW 43.20.050. 88-10-027 (Order 309), § 248-63-045, filed 5/2/88.]

WAC 248-63-050 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-63-055 Water supply. The operator shall:

(1) Provide an adequate, convenient water supply from an approved source as described in chapter 248-54 WAC;

(2) Submit a water sample to a department-certified laboratory for testing of bacteriological quality each year prior to opening temporary-worker housing as described in WAC 248-54-165;

(3) Delay opening housing until bacteriological quality meets requirements as described in WAC 248-54-175;

(4) Provide hot and cold running water under pressure twenty-four hours a day for bathing and handwashing facilities adequate to meet needs of occupants served as defined by the department or health officer;

(5) Provide water under pressure for laundry facilities;

(6) Operate and maintain water service in accordance with chapter 248-54 WAC for temporary-worker housing existing prior to August 1984;

(7) Design, construct, and maintain a water supply system in accordance with chapter 248-54 WAC and this section for temporary-worker housing constructed after August 1984.

[Statutory Authority: RCW 43.20.050. 88-10-027 (Order 309), § 248-63-055, filed 5/2/88.]

WAC 248-63-060 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-63-065 Sewage disposal. The operator shall:

(1) Provide on-site sewage disposal systems designed, constructed, and maintained as required in chapter 248-96 WAC, chapter 173-240 WAC, and local regulations; and

(2) Ensure connection and drainage of sewage and waste water from all temporary-worker housing to a sewage disposal system approved by the jurisdictional agency.

[Statutory Authority: RCW 43.20.050. 88-10-027 (Order 309), § 248-63-065, filed 5/2/88.]

WAC 248-63-070 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-63-075 Construction and maintenance of dwelling units, dormitories, and other facilities used for temporary-worker housing. (1) The operator shall provide structurally sound buildings and shelters which:

(a) Are maintained in good repair;

(b) Are maintained in a sanitary condition; and

(c) Protect temporary workers against the elements.

(2) The operator of temporary-worker housing may instead comply with requirements of the United States Department of Labor, Employment and Training Administration (ETA) standards, 20 CFR 654.404 through 654.417, if the housing was constructed before March 1980 and the housing does not meet standards in this section.

(3) The operator constructing new or remodeling existing temporary-worker housing shall meet requirements in this section that apply to the housing being constructed or remodeled.

(4) The operator shall follow the compliance schedule established with the department or health officer when existing temporary-worker housing fails to meet requirements in this section.

(5) The operator shall provide temporary-worker housing with:

(a) Floors of impervious material, such as concrete, tile, or smooth, planed, tight-fitting wood;

(b) Wood floors. If used, wood floors shall be at least twelve inches above the ground;

(c) Clean, cleanable surfaces on interior walls free of excessive peeling paint;

(d) Cold, potable, running water under pressure within one hundred feet of each dwelling unit;

(e) A minimum of seventy square feet gross floor space for first occupant and fifty square feet for each additional occupant in each dwelling unit;

(f) A minimum of fifty square feet for each occupant in each dormitory;

(g) A minimum ceiling height of six feet eight inches over at least one-half the floor area;

(h) A window area of one-tenth of the total floor area in each dwelling unit, dormitory, and other habitable rooms;

(i) An adequate mechanical ventilation system or natural ventilation. Openable windows or skylights used for ventilation shall open:

(i) To forty-five percent of total area; and

(ii) Directly to the outside.

(j) Electrical service including:

(i) Installation of wiring of fixtures consistent with the state building code chapter 19.27 RCW and local ordinances;

(ii) Maintenance of wiring and fixtures in safe condition;

(iii) One electrical ceiling fixture and one wall outlet in each room of each dwelling unit;

(iv) One electrical ceiling or wall fixture and outlets as needed for each two hundred fifty square feet of space in each dormitory; and

(v) One electrical ceiling or wall fixture and outlets as needed in each central toilet, handwashing, bathing, and laundry room.

(k) Sixteen-mesh screens on all exterior openings; and

(l) Screen doors equipped with self-closing devices.

(6) The operator shall exclude floor space where ceiling height is under five feet when calculating minimum space requirements.

(7) Temporary-worker housing consisting of trailers and recreational vehicles manufactured after July 1968 shall have Washington state department of labor and industries insignia as required in chapters 296-150A and 296-150B WAC.

[Statutory Authority: RCW 43.20.050. 88-10-027 (Order 309), § 248-63-075, filed 5/2/88.]

WAC 248-63-080 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-63-085 Worker-supplied housing-- Spaces and sites. The operator providing spaces or sites to accommodate worker-supplied housing shall:

(1) Designate the area to be used for worker-supplied housing; and

(2) Provide centralized toilets, handwashing sinks, bathing, and laundry facilities for worker-supplied housing spaces or sites as specified in WAC 248-63-095.

[Statutory Authority: RCW 43.20.050. 88-10-027 (Order 309), § 248-63-085, filed 5/2/88.]

WAC 248-63-090 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-63-095 Toilets, handwashing, bathing, and laundry facilities. (1) The operator shall provide toilets, handwashing, bathing, and laundry facilities as required in this section.

(2) The operator providing centralized toilets, handwashing, and bathing facilities shall:

(a) Locate toilets and handwashing sinks within two hundred feet from temporary-worker housing lacking toilets;

(b) Locate bathing facilities within three hundred feet from temporary-worker housing;

(c) Provide means for individual privacy for toileting and bathing;

(d) Maintain facilities in a clean and sanitary condition;

(e) Determine required number of centralized toilets, handwashing sinks, and bathing facilities by:

(i) Using the maximum occupancy permitted and recorded on the permit as a base; and

(ii) Excluding from the determination the numbers of occupants sheltered in:

(A) Operator-supplied dwelling units containing toilets, handwashing sinks, and bathing facilities; and

(B) Worker-supplied housing containing toilet or bathing facilities.

(f) Determine number of centralized toilets, handwashing, and bathing facilities according to the following table calculating by numbers or major fraction from sixteen people on:

Number of People	Toilets	Bathing	Handwashing Sinks
1-15	2	2	2
16-30 or major fraction	3	3	3
31-45 or major fraction	4	4	4
46-60 or major fraction	5	5	5

(i) Add one additional toilet, handwashing sink, and bathing facility per fifteen occupants or major fraction beyond sixty occupants; and

(ii) If desired, substitute urinals for required toilets not to exceed replacement of one-third of the required toilets.

(g) Provide water flush toilets unless privies or other methods are specifically approved by the department or

health officer according to requirements in chapter 248-96 WAC; and

(h) Provide adequate, accessible supplies of toilet tissue and holders.

(3) The operator having toilet facilities in dwelling units shall:

(a) Provide a handwashing sink in each dwelling unit; and

(b) Inform occupants of requirements to maintain toilets in clean and sanitary condition.

(4) The operator shall:

(a) Provide sloped floors in centralized toilet rooms;

(b) Connect handwashing sinks, bathing, and laundry facilities through properly trapped floor drains to an approved disposal system;

(c) Provide floors of nonslip materials in centralized toilets, handwashing, bathing, and laundry facilities; and

(d) Provide cleanable, nonabsorbent waste containers in centralized toilet rooms.

(5) The operator shall provide centralized laundry facilities convenient to temporary-worker housing as follows:

(a) One laundry sink and one mechanical washing machine for up to and including each fifty occupants as approved and listed on the permit; or

(b) Additional mechanical washing machines provided to replace required numbers of laundry sinks; or

(c) Two laundry sinks to replace every required mechanical washing machine; and

(d) Facilities for drying clothes.

(6) The operator may omit the requirement in subsection (5) of this section if commercial or public laundry facilities are:

(a) Reasonably accessible to temporary workers; and

(b) Conveniently located for temporary workers.

[Statutory Authority: RCW 43.20.050. 88-10-027 (Order 309), § 248-63-095, filed 5/2/88.]

WAC 248-63-100 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-63-105 Heating. The operator shall:

(1) Provide means of maintaining temperature of at least sixty-five degrees Fahrenheit in all rooms of dwelling units, dormitories and bathing facilities used during periods requiring artificial heating;

(2) Install, vent, and maintain heating facilities to prevent fire hazard and fume concentrations;

(3) Avoid placing heating facilities in locations obstructing exits from the dwelling unit;

(4) Prohibit use of portable kerosene heaters; and

(5) If providing wood burning devices in trailers, mobile homes, or recreational vehicles used as temporary-worker housing, have Washington state department of labor and industries insignia as required in chapters 296-150A and 296-150B WAC.

[Statutory Authority: RCW 43.20.050. 88-10-027 (Order 309), § 248-63-105, filed 5/2/88.]

WAC 248-63-110 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-63-115 Lighting. The operator shall provide:

(1) A minimum of thirty foot-candles of light measured thirty inches from the floor in all rooms of temporary-worker housing; and

(2) Adequate outdoor lighting for safe passage within the temporary-worker housing area.

[Statutory Authority: RCW 43.20.050. 88-10-027 (Order 309), § 248-63-115, filed 5/2/88.]

WAC 248-63-120 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-63-125 Cooking and foodhandling facilities. (1) The operator shall provide cooking or foodhandling facilities for all temporary workers.

(2) The operator providing cooking facilities in each dwelling unit shall include:

(a) An operable cook stove or hot plate with a minimum of two burners for every ten occupants;

(b) A sink with running water under pressure;

(c) Food storage shelves and food preparation counters;

(d) Individual or centralized mechanical refrigeration, capable of maintaining temperature of forty-five degrees Fahrenheit or below, which has space for storing perishable food items of all affected temporary workers;

(e) Tables and chairs or equivalent seating;

(f) Fire resistant, nonabsorbent, and easily cleanable walls adjacent to cooking areas; and

(g) Floors which are nonabsorbent and easily cleanable.

(3) The operator providing central foodhandling facilities for temporary workers shall meet requirements of the state board of health in chapter 248-84 WAC food service sanitation.

(4) The operator with common foodhandling facilities shall provide:

(a) A room or building separate from and convenient to temporary-worker housing;

(b) An operable cook stove or hot plate with a minimum of two burners for every ten occupants;

(c) Sinks with hot and cold running water under pressure;

(d) Spaces for food storage shelves, counters, and food preparation;

(e) Mechanical refrigeration, capable of maintaining temperatures of forty-five degrees Fahrenheit or below, which has space for storing perishable food items for all affected temporary workers;

(f) Tables and chairs or equivalent seating;

(g) Fire-resistant, nonabsorbent, and easily cleanable walls adjacent to cooking areas; and

(h) Nonabsorbent, easily cleanable floors.

[Statutory Authority: RCW 43.20.050. 88-10-027 (Order 309), § 248-63-125, filed 5/2/88.]

WAC 248-63-130 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-63-135 Beds and bedding. The operator shall:

(1) Provide beds or bunks furnished with clean mattresses in good condition for numbers of occupants specified on the permit;

(2) If choosing to provide bedding, ensure bedding is clean and maintained in a sanitary condition;

(3) Provide a minimum of twelve inches between each bed or bunk and the floor;

(4) Separate single beds laterally by at least thirty-six inches;

(5) If bunk beds are used:

(a) Separate double-deck bunks laterally by at least forty-eight inches;

(b) Maintain a minimum space of twenty-seven inches between the upper and lower bunks; and

(c) Prohibit triple bunks.

(6) Provide storage facilities for clothing and personal articles in temporary-worker housing.

[Statutory Authority: RCW 43.20.050. 88-10-027 (Order 309), § 248-63-135, filed 5/2/88.]

WAC 248-63-140 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-63-145 Health and safety provisions. The operator shall:

(1) Provide two means of escape in every sleeping and eating area of temporary-worker housing (e.g., doors, windows);

(2) Meet requirements of Washington state fire marshal chapter 212-10 WAC for smoke detection devices;

(3) Prevent potential health, safety, and fire hazards by:

(a) Storing and using dangerous materials away from the temporary-worker housing; and

(b) Prohibiting:

(i) Storing flammables or volatile liquids or materials other than those intended for household use in or adjacent to dwelling units, foodhandling facilities, toilets, bathing facilities, or laundry areas; and

(ii) Storing or mixing pesticides or other toxic chemicals in housing areas other than those intended for occupant use in the household.

(c) Providing accessible, available first-aid equipment meeting requirements of WAC 296-306-050; and

(d) Storing unused refrigerator units to prevent harm to children (e.g., crushing, suffocation).

[Statutory Authority: RCW 43.20.050. 88-10-027 (Order 309), § 248-63-145, filed 5/2/88.]

WAC 248-63-150 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-63-155 Refuse disposal. The operator shall establish and maintain refuse disposal systems including:

(1) Protecting against rodent harborage, insect breeding, and other health hazards while storing, collecting, transporting, and disposing of refuse;

(2) Storing refuse in sound enclosed containers;

(3) Providing accessible containers for temporary-worker housing;

(4) Emptying refuse containers at least once every week or more often if necessary;

(5) Removing refuse from temporary-worker housing areas; and

(6) Properly disposing of all refuse consistent with sanitation codes approved by the local jurisdiction.

[Statutory Authority: RCW 43.20.050. 88-10-027 (Order 309), § 248-63-155, filed 5/2/88.]

WAC 248-63-160 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-63-165 Rodent and insect control. The operator shall take appropriate measures to control rodents and insects in and around temporary-worker housing.

[Statutory Authority: RCW 43.20.050. 88-10-027 (Order 309), § 248-63-165, filed 5/2/88.]

WAC 248-63-170 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-63-175 Disease prevention and control. The operator shall:

(1) Make reasonable efforts to know if disease is present among occupants of temporary-worker housing;

(2) Report suspected infectious diseases among occupants of temporary-worker housing to the local health officer; and

(3) Assist temporary workers to obtain medical diagnosis and treatment when ill.

[Statutory Authority: RCW 43.20.050. 88-10-027 (Order 309), § 248-63-175, filed 5/2/88.]

WAC 248-63-180 Repealed. See Disposition Table at beginning of this chapter.

Chapter 248-86 WAC

FOOD AND BEVERAGE SERVICE WORKERS PERMITS

WAC

248-86-010 Form of permits—Fees.

WAC 248-86-010 Form of permits—Fees. (1) All permits required by this act shall be issued by the jurisdictional health department and signed by the local health officer or his authorized representative.

(2) All applicants for a permit or renewal of a permit shall pay to the jurisdictional health department a fee in the amount of five dollars. Such fee shall be used by the jurisdictional health department to defray the expenses arising out of the administration of this act.

(3) The permit shall conform to the following specifications:

(a) The permit shall be six inches by five inches in size and shall consist of two sections titled as follows:

(i) Food and beverage service worker's permit, and

(ii) Food and beverage service worker's health record.

(b) The permit is given to the worker and the health record is kept on file in the health department.

(4) The permit shall contain the following information:

- (a) Number of the permit;
- (b) Signature of the worker;
- (c) Occupation;
- (d) Home address;
- (e) The statement, "THIS CERTIFIES THAT _____ has satisfied the requirements of chapter 197, Laws of 1957, and the state board of health for issuance of permit;"

- (f) Manual chapters covered in test shall be noted;
- (g) Permit expiration date; and
- (h) Signature of health officer.

(5) On the reverse side of the permit there shall be noted the following:

"Please note: This card is valid only to the employee whose signature appears on the reverse side. It must be filed at place of employment and shown upon request to sanitarian, health officer, or deputy.

INSTRUCTIONS GOVERNING PERSONAL HYGIENE AND SANITATION

1. Do not work if you are ill with a "catching" sickness, such as sore throat, common cold, diarrhea, or other contagious disease.
2. Notify the health department if you, any person in your home, or your place of business has a contagious disease or a disease suspected of being contagious.
3. Keep your hands and fingernails clean. Wash your hands frequently, particularly every time after going to the toilet, blowing the nose, or handling soiled objects.
4. Use disposal tissue for blowing the nose or spitting. Spitting can be a dangerous habit.
5. Do not pick pimples, boils, or your nose. This is a dangerous source of infection. If you have sores of this kind, keep them covered with a dressing.
6. Handle foods with your fingers as little as possible. Use utensils whenever you can, as in picking up butter, etc.
7. Avoid handling rims of glasses, cups, soup bowls, and eating surfaces of silver.
8. Protect food by keeping it covered from flies, keeping perishable foods and cream-filled pastries properly refrigerated."

(6) The food and beverage service worker's health record shall contain the following information:

- (a) Date issued;
- (b) Number;
- (c) Name;
- (d) Age;
- (e) Sex;
- (f) Home address;
- (g) Occupation;

- (h) Where employed;
- (i) City;
- (j) Typhoid fever No () Yes () Date ----
- (k) Amoebic dysentery No () Yes () Date ----
- (l) Laboratory examinations, x-rays, or skin tests:
- (i) Test Result Date ----
- (ii) Test Result Date ----
- (iii) Test Result Date ----
- (m) Manual chapters covered in test shall be noted.

(7) The reverse side of the health record shall contain: "Follow-up remarks."

[Statutory Authority: Chapter 69.06 RCW. 87-19-069 (Order 346), § 248-86-010, filed 9/16/87; Regulation .86.010, effective 3/11/60.]

Chapter 248-97 WAC

RECREATIONAL WATER CONTACT FACILITIES

WAC	
248-97-010	Purpose and authority.
248-97-020	Definitions.
248-97-030	General administration.
248-97-040	Construction permit.
248-97-050	Operating permit.
248-97-060	Water quality standards, analysis, and sample collection.
248-97-070	General design, construction, and equipment.
248-97-080	Specific design, construction, and equipment.
248-97-090	Operation.
248-97-100	Monitoring, reporting, and record keeping.
248-97-110	Inspection.
248-97-120	Advisory committee.
248-97-130	Enforcement.
248-97-140	Insurance.
248-97-150	Compliance.
248-97-160	Variance.
248-97-170	Innovations—Substitutions.

WAC 248-97-010 Purpose and authority. The purpose of these rules is to protect the health, safety, and welfare of users of recreational water contact facilities (RWCFs). The rules as set forth are adopted per RCW 70.90.120.

[Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-010, filed 6/22/88.]

WAC 248-97-020 Definitions. (1) "Advanced first aid" means a course of instruction recognized by the American Red Cross, department of labor and industries, the U.S. Bureau of Mines, or fire services training program.

(2) "ANSI" means American National Standards Institute.

(3) "Approved" means the department or local health officer has stated in writing that the design plans and specifications are in accordance with chapter 248-97 WAC.

(4) "ARC" means American Red Cross.

(5) "Architect" means a registered architect currently licensed under chapter 18.08 RCW in Washington state.

(6) "ASTM" means American Society for Testing Material.

(7) "Attendant" means a person trained to operate an attraction and control the users in a safe orderly manner.

(8) "Attraction or ride" means any of the specific types of recreational facilities involving partial or total immersion or intentional contact with the water designated for public recreational use.

(9) "Biomechanics" means the study of the human body as a system operating under the laws of Newtonian mechanics and the biological laws of life.

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

(11) "Boogie or mini-surf board" means any semi-rigid device used in a wave pool for flotation or as a riding device.

(12) "Centerline" means the path defined by geometric midpoints of a component or structure, generally used in consideration of the slide path in flume rides.

(13) "Communication system" means any combination of devices permitting the passage of or exchange of messages between park operating personnel and between operating personnel and users. Systems can include, but are not limited to, two-way radios, hardwired intercoms, horns, whistles, hand signals, direct voice, signs, or equivalent.

(14) "Contaminant" means any physical, chemical or biological substance present in the RWCF water which may adversely affect the health or safety of the user and/or the quality of the water.

(15) "CNCA" means Council for National Cooperation in Aquatics.

(16) "Cross-connection" means any physical arrangement connecting:

(a) A potable water system directly or indirectly, with anything other than another potable water system; or

(b) A RWCF to any potable or nonpotable water source capable of contaminating either the RWCF or potable water source as a result of backflow.

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

(18) "Discharge section" means the component or components making up the exit of the water slide, water tube, inner tube ride, speed slide, ramp slide, drop slide or drop tube, or kiddie flume. These components are the elements controlling the final direction and speed of the user.

(19) "Diving envelope" means the minimum dimensions of an area within the pool necessary to provide entry from a diving board, platform, or attraction segment where users enter above pool water level.

(20) "Drop slide or drop tube ride" means a sloped trough, chute, or tube exiting the user above the pool operating water level.

(21) "Engineer" means a registered professional engineer currently licensed under chapter 18.43 RCW in Washington state.

(22) "Entry access points" means the areas where users enter an attraction.

(23) "Entry rate" means the frequency at which users are permitted access to the attraction.

(24) "Ergonomics" means a multidisciplinary activity dealing with the interactions between humans and their environment plus the traditional environmental elements atmosphere, heat, light, and sound, as well as objects with which the user comes in contact.

(25) "FINA" means Federation Internationale de Natation Amateur.

(26) "Flume or tube entry" means the area at which users enter a water slide, water tube, inner tube ride, speed slide, drop slide, drop tube, or kiddie flume.

(27) "fps" means feet per second.

(28) "gpm" means gallons per minute.

(29) "IAAPA" means International Association of Amusement Parks and Attractions.

(30) "Injury or illness report" means the written record of all facts regarding an injury or illness associated with the RWCF.

(31) "Inner tube ride" means an attraction where users ride inner tube-like devices through a series of chutes, channels, flumes, and pools.

(32) "Innovative recreational water contact facility" means any type of RWCF currently unregulated.

(33) "Intermediate pool" means any pool between the entry and exit pools in attractions using a series of pools.

(34) "Kiddie flume or tube attraction" means a flume, chute, or tube designated for and restricted to use by small children.

(35) "Lifeguard" means an individual currently certified by red cross in advanced lifesaving or lifeguard training, or YMCA senior lifesaver, or equivalent certification through the royal Canadian lifeguard services.

(36) "Lifeguard station" means the designated work station of the lifeguard.

(37) "Local health officer" means the health officer of the city, county, or city-county department or district or a representative authorized by the local health officer.

(38) "mg/l" means milligrams per liter.

(39) "Multi-activity pool" means a pool with more than one type of attraction (i.e., an adult activity pool with a series of tubes, chutes, cable rides, etc., intended for use by individuals with specific swimming abilities).

(40) "NSF" means National Sanitation Foundation.

(41) "NSPI" means National Spa and Pool Institute.

(42) "Operating levels" means water levels maintained within attractions during use for proper operation of facility and for controlling safety and sanitation.

(43) "Operations" means all aspects of a RWCF which must be controlled to make the facility safe, healthy, and usable for the purpose intended.

(44) "Owner" means a person owning and responsible for a RWCF or authorized agent.

(45) "Person" means an individual, firm, partnership, co-partnership, corporation, company, association, club, government entity, or organization of any kind.

(46) "Ponding" means a condition where water fails to drain from walking surfaces.

(47) "ppm" means parts per million.

(48) "Primary zone of visual coverage" means the area assigned to a lifeguard or attendant for primary visual surveillance of user activity.

(49) "Radius of curvature" means the radius arc which denotes the curved surface from the point of departure from the vertical sidewall (springline) of the pool to the pool bottom.

(50) "Ramp slide" means a slide allowing one or more users to slide in unison down a straight incline to a run-out or a receiving pool.

(51) "Recirculation filter water" means water which is recirculated by the RWCF for treatment purposes, i.e., filtration and disinfection.

(52) "Response time" means elapsed time between bather distress and initiation of rescue assistance by a lifeguard (or attendant where applicable).

(53) "RWCF" means recreational water contact facility which is an artificial water associated facility with design and operational features that provide patron recreational activity which is different from that associated with a conventional swimming pool and purposefully involves immersion of the body partially or totally in the water and includes, but is not limited to, water slides, wave pools, and water lagoons.

(54) "Secretary" means the secretary of the department of social and health services.

(55) "Serious injury" means any injury requiring admission to a hospital.

(56) "Speed slide or speed tube" means a sloped trough, flume, tube, or roller track having long straight and/or steep drops where users sustain speeds of twenty miles per hour or more.

(57) "Springline" means the point from which the pool wall breaks from vertical and begins its arc in the radius of curvature (for coved construction) to the bottom of the pool.

(58) "Surfboard" means a rigid device used in a wave pool for riding.

(59) "Tail coverage" means providing insurance coverage for a given period of time for discovery of claims made after the policy term for "claims made" type of insurance.

(60) "Total turnover" means the time it takes for the pool attraction water volume to be recirculated as a sum of the flows from treatment turnover and attraction recirculation systems turnover.

(61) "Treatment turnover" means the minimum time necessary to circulate the entire attraction water volume through the recirculation filter system.

(62) "T.U." means turbidity unit as measured by the nephelometric method.

(63) "Wading activity pool" means a pool or area less than twenty-four inches in total water depth with activities intended for younger children.

(64) "Walking surface" means any direct access surface to the attractions or change rooms where the user will be in bare feet. Areas set aside for picnicking, sunbathing, and lounging are excluded.

(65) "Water slide or water tube" means a sloped trough-like flume or tube structure of varying slope and direction using water as a lubricant and/or method of regulating the rider speed.

(66) "Water treatment operator" means the person appointed to operate the mechanical equipment and perform related water quality monitoring for proper operation of the physical facility.

(67) "Wave pool" means a recreational pool producing waves which usually begin at the deep end and proceed toward and dissipate at the shallow end.

(68) "WWA" means World Waterpark Association.

[Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-020, filed 6/22/88.]

WAC 248-97-030 General administration. (1) The department and the local health officer for each local health jurisdiction containing a RWCF shall develop a joint plan of operation listing the roles of each agency for administering these rules. The plan shall designate who will be responsible for:

- (a) Plan review;
- (b) Permit issuance;
- (c) Inspection;
- (d) Surveillance; and
- (e) Enforcement.

(2) The department shall have information on which agency to contact for obtaining construction and operation permits.

(3) Fees may be charged as authorized in RCW 70.90.150.

[Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-030, filed 6/22/88.]

WAC 248-97-040 Construction permit. (1) Persons planning to construct, alter, or modify a RWCF, excluding routine maintenance, shall provide the following to the department or local health officer for review and approval:

- (a) A completed construction permit application;
- (b) Three sets of plans and specifications prepared and signed by an engineer or architect; and
- (c) A report prepared by an engineer certifying the design of the RWCF is consistent with accepted safety engineering practices and industrial standards. Such engineer shall have experience in safety design, including ergonomic aspects of biomechanics of RWCFs, amusement rides, or equal.

(2) Owners may schedule a predesign meeting with the designer and the department or local health officer to determine if the project is consistent with the intent of these rules;

(3) Following review of the completed permit application and plans and specifications, the department or local health officer shall:

- (a) Forward written approval, including construction permit, or denial to the owner;
- (b) Forward a copy of approved plans to the designer; and
- (c) Forward a copy of the approval letter to the department or local health officer and local building department.

(4) The owner shall ensure any construction, modification, or alteration is completed according to approved plans and specifications;

(5) Upon completion of RWCF construction, alteration, or modification and prior to use, owners shall:

- (a) Submit to the department or local health officer a construction report signed by an engineer or architect

certifying that construction is substantially in compliance with approved plans and specifications; and

(b) Notify the department or local health officer at least five working days prior to intended use of the facility.

(6) Owners of the RWCF must comply with all other applicable agency codes and standards. These include, but are not limited to:

(a) The National Electrical Code, chapter 19.28 RCW and chapter 296-46 WAC as determined by the electrical section of the Washington state department of labor and industries;

(b) Local gas piping and appliance codes, American Gas Association standards, and certification meeting the latest ANSI Z21.56 or other applicable and equivalent standards;

(c) Local building authority standards, including structural design of components;

(d) State and local plumbing authority standards;

(e) Washington state department of labor and industries requirements for pressure vessels under chapter 70.79 RCW and chapter 296-104 WAC; and

(f) Codes designated under chapter 70.92 RCW for handicapped accessibility.

[Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-040, filed 6/22/88.]

WAC 248-97-050 Operating permit. (1) No person shall operate a RWCF without a current operating permit issued by the department or local health officer.

(2) To obtain an operating permit, owners of an RWCF must provide information to the department or local health officer that shows the RWCF is in compliance with these rules.

(3) Operating permits shall be:

(a) Valid for one year;

(b) Renewed annually; and

(c) Nontransferable without written consent of the department or local health officer. For purposes of this section, a change in management of a corporation, partnership, association, or other nonindividual business entity shall create a new person requiring either consent to a permit transfer or issuance of a new permit upon proper application.

(4) The department or local health officer issuing the operating permit may revoke or suspend the permit if the RWCF is not operated in accordance with chapter 70.90 RCW or chapter 248-97 WAC.

[Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-050, filed 6/22/88.]

WAC 248-97-060 Water quality standards, analysis, and sample collection. (1) Owners shall maintain waters free from harmful levels of disease-producing organisms, toxic chemicals, or adverse physical conditions.

(2) Owners shall maintain RWCF waters to meet standards of bacteriological quality. Standards include:

(a) Heterotrophic plate counts not to exceed a density of two hundred bacteria per milliliter in any series of tests; and

(b) Total coliform density not to exceed an average of one coliform bacteria per one hundred milliliters in any series of tests.

(3) Owners shall maintain continuous and effective methods of disinfection of RWCF waters at all times with use of:

(a) Chlorine or bromine as described in Table 1 of this section; and/or

(b) Alternate forms of disinfection which meet the following criteria:

(i) Registered with the environmental protection agency, if necessary;

(ii) Registered with the Washington state department of agriculture, if necessary;

(iii) Conformance with NSF standard 50 or equal when applicable; and

(iv) Adherence to guidelines established by the department.

(4) Owners shall maintain:

(a) Physical and chemical conditions within the ranges specified in Table 2 of this section; and

(b) Cleanliness by:

(i) Closing an affected area of the RWCF or affected portion when contaminated with feces, vomit, sewage, or other hazardous or unknown material until the area is clean, disinfected, and free of the hazardous material;

(ii) Daily removal of scum or floating material on the pool water surface; and

(iii) Continuous removal of scum or floating material by action of overflow of pool water with flotsom screened and filtered.

(5) Persons collecting water samples for laboratory analysis shall:

(a) Collect and transport samples for chemicals and micro-organisms based on the most recently published edition of standard methods for the examination of water and waste/water analysis published jointly by the American Public Health Association/Water Pollution Control Federation and American Waterworks Association; hereafter, it is referred to as "standard methods;"

(b) Have laboratory tests performed per "standard methods" at laboratories approved by the department to provide such analyses;

(c) Provide adequate data for completing analyses; and

(d) Use water sample bottles approved by the department for collection of samples.

(6) Persons shall use field test kits with a suitable range of accuracy for the parameters routinely measured as noted in Table 3 of this section.

(7) Owners shall require and ensure addition of chemicals or materials to RWCF water only when the use has been approved or recognized as acceptable by the department. Current lists of approved or acceptable materials are available from the department.

(8) Owners shall perform additional tests as directed by the department or local health officer.

TABLE 1
MINIMUM AND MAXIMUM LEVELS OF DISINFECTANTS

Currently Recognized Disinfectants	Type of Residual Measured	pH Ranges			Maximum Residual Level in mg/l*
		7.2-7.49; Minimum	7.5-7.79; Residual Levels	7.8-8.0; of Disinfectant in mg/l	
1. Chlorine	Free available chlorine	1.0	1.4	1.8	8
2. Chlorinated cyanurate	Free available chlorine	1.5	2.0	2.8	8
3. Bromine	Total available bromine	2.0	2.5	3.5	8

Note:

* Maximum residual or manufacturer's recommendation (whichever is less).

TABLE 2
ACCEPTABLE RANGES OF SELECTED PHYSICAL AND CHEMICAL WATER QUALITY CONSTITUENTS

Chemical or Physical Constituent	Minimum	Maximum
1. pH	7.2	8.0
2. Water Clarity (safety)	main drain visible at all times	—
3. Turbidity (shielding micro-organisms from disinfection)	—	0.5* T.U.
4. Cyanuric acid or its derivatives (if used)	0	90 mg/l
5. Temperature		104°F.

Note:

* In peak use periods, turbidity may increase to 1.0 T.U. provided it returns to 0.5 T.U. within a six-hour period after peak use. Turbidity is not a required routine analysis which must be performed by the RWCF. Turbidity monitoring may be required by the department or local health officer if special conditions warrant it.

TABLE 3
RANGE OF ACCEPTABLE TESTING LEVELS*

Chemical Test	Minimum Range	Minimum Accuracy
1. Free available chlorine	0.3 to 3.0 mg/l	0.2 mg/l
2. Total chlorine	0.3 to 3.0 mg/l	0.2 mg/l
3. Total bromine	0.3 to 3.0 mg/l	0.2 mg/l
4. pH	7.0 to 8.2	0.2
5. Cyanuric acid	0 to 100 mg/l	5 mg/l
6. Alkalinity	0 to 300 mg/l	15 mg/l

Note:

* Do not make determinations of chemical conditions based on readings at the extreme measurable limits of the scale.

[Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-060, filed 6/22/88.]

WAC 248-97-070 General design, construction, and equipment. (1) Owners shall locate RWCFs to:

(a) Minimize pollution by dust, smoke, soot, and other undesirable substances;

(b) Eliminate pollution from surrounding surface drainage; and

(c) Ensure pools within the RWCF are more than fifteen feet from any structure, object, or land formation (i.e., pumphouse, tree, etc.), which would provide a user with the opportunity to jump from such a structure into the pool. This does not include any barriers provided to prevent unauthorized access to pool or segments of attractions which enter pool.

(2) Owners shall use only materials in the structure and equipment which are nontoxic, durable, inert, impervious to water, and easily cleaned.

(3) Owners shall design and maintain walking surfaces which are:

(a) Sloped a minimum one-fourth inch per foot;

(b) Of a nonslip finish;

(c) Equipped with sufficient drains to prevent standing water;

(d) Free of resilient coverings, e.g., carpeting; and

(e) At least four feet in width.

(4) Owners shall provide adequate barrier protection to prevent unauthorized access including:

(a) In outdoor facilities, a barrier six feet or more in height with:

(i) Openings, holes, or gaps not to exceed four inches except openings protected by gates or doors; and

(ii) Lockable gates and entrances either regulated during periods of use or provided with a self-closing, self-latching mechanism a minimum of forty-two inches from the ground.

(b) In indoor facilities, suitable barriers to prevent access by unauthorized individuals or pool access by unattended small children.

(5) Owners shall ensure that pools:

(a) Comply with all provisions of chapter 248-98 WAC where pool facilities are a separate attraction;

(b) Have surfaces with:

(i) Materials complying with subsection (2) of this section;

(ii) Watertight and nonabrasive construction;

(iii) Nonslip finish where users are walking; and

(iv) White or light color finish not obscuring the view of objects or surfaces.

(c) Are dimensionally designed to provide for the safety of the user and circulation of the water including, but not limited to:

(i) Absence of protrusions, extensions, means of entanglement, or other obstruction which can cause entrapment or injury;

(ii) Construction tolerances conforming with current ANSI public pool standards;

(iii) Uniform pool floor slopes as follows:

(A) Not exceeding one foot of drop in seven feet of run for pools serving as landing or exiting pools, where total water depth is less than forty-eight inches; and

(B) Providing a maximum slope of one foot of drop in twelve feet of run up to a depth of five and one-half feet in pools where users enter and participate in extended activities.

(iv) Vertical walls for a minimum distance noted in Table 4 of this section, which may be curved (not to exceed allowable radius) to join the floor.

(A) Vertical means walls not greater than eleven degrees from plumb.

(B) Coving or portion of the side wall of a diving area in the pool shall conform as described in subsection (5)(c)(vi) of this section.

(C) In new construction or alterations to existing construction, ledges are prohibited.

(D) Requirements in subsection (5)(c) of this section do not apply to spas.

(v) A maximum intrusion beyond the vertical (as defined in subsection (5)(c)(iv)(A) of this section) with any configuration not to exceed a transitional radius from wall to floor where floor slopes join walls and which:

(A) Has its center of radius no less than the minimum vertical depth specified in Table 4 of this section below the water level;

(B) Has arc of radius tangent to the wall; and

(C) Has a maximum radius of coving (or any intrusion into the pool wall/floor interface) determined by subtracting the vertical wall depth from the total pool depth.

TABLE 4
MAXIMUM RADIUS COVING OR POOL INTRUSION DIMENSIONS BETWEEN POOL FLOOR AND WALL*

Pool Depth	2'0"	2'6"	3'0"	3'6"	4'0"	4'6"	5'0"	>5'0"
Minimum Side Wall Vertical Depth	1'6"	1'10"	2'2"	2'6"	2'10"	3'2"	3'6"	>3'6"
Maximum Radius of Curvature	6"	8"	10"	12"	1'2"	1'4"	1'6"	**Maximum radius equals pool depth minus the vertical wall depth

Note:

* For pool depths which fall between the depths listed, values can be interpolated.

** Radius of coving cannot intrude into pool within diving envelope or deep water entry area for attractions entering above pool water level.

(vi) Provision of diving envelopes in pools or areas of pools designated for diving activities to include:

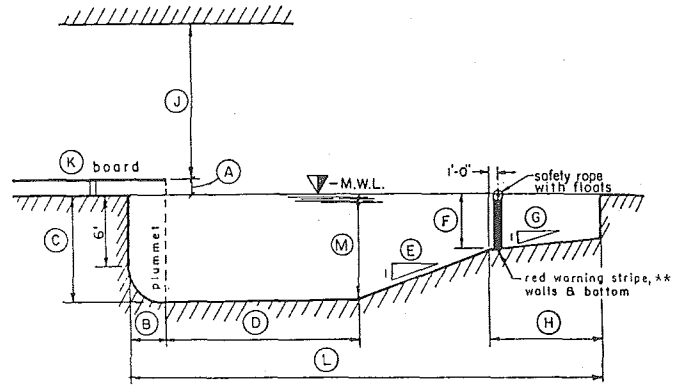
(A) A diving envelope of no less than the CNCA standard configuration* noted in Figure 1 of this section in areas where user would enter from deck level, diving board, or platform at a height of less than one-half meter (twenty inches).

Note:

* This requirement is based on a standard described in CNCA publication "Swimming Pools: a Guide to their Planning, Design, and Operation" 1987. Fourth edition. Human Kinetics Publisher, Inc., Champaign, Illinois. Figure 8.1

FIGURE 1:

Minimum dimensions for pools with provision for diving from deck level or providing boards or platforms at a height less than one-half meter.



Dimension	Minimum	Preferred or Maximum
A Height of board above water		20 in.
B Board overhang	2 ft 6 in.	3 ft
C Depth of water at plummet	9 ft	10 ft *
D Distance from plummet to start of upslope	16 ft	18 ft *
E Inclination of upslope of bottom		1:3
F Depth of water at breakpoint	4 ft 6 in.	
G Slope of bottom in shallow portion of pool	1:12	1:15 *
H Length of shallow section of pool	8 ft	14 ft *
J Distance to any overhead structure	13 ft	15 ft *
K Board length		12 ft
L Length of pool	40 ft	50 ft *
M Dimension not less than C minus	6 in.	

Note:

* Values with asterisks are not to be considered as maximums.

** Warning stripe at breakpoint may be of any contrasting color.

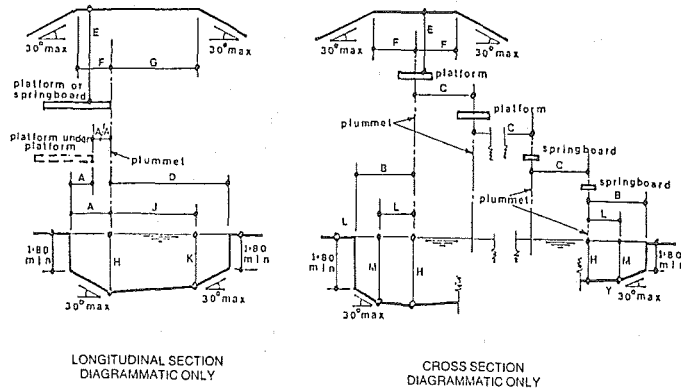
(B) A diving envelope of no less than the FINA standard configuration** noted in Figure 2 of this section in areas where user would enter from diving board or platform at a height of one-half meter (twenty inches) or greater.

Note:

** This requirement is based on a standard described in FINA publication "FINA Handbook - 1986-1988." Constitution and rules governing swimming, diving, water polo, and synchronized swimming, 1986-1988. Edited by E. Allen Harvey, Vancouver, Canada VGN 3R6, Section D, pp. 114-115.

FIGURE 2:

Minimum dimensions for pools with boards or platforms at a height of one-half meter or more.



FINA	Dimensions are in Metres	SPRINGBOARD				PLATFORM									
		1 Metre		3 Metres		1 Metre		3 Metres		5 Metres		7.5 Metres		10 Metres	
DIMENSIONS FOR DIVING FACILITIES	LENGTH	4.00		4.00		4.50		5.00		6.00		6.00		6.00	
	WIDTH	0.50		0.50		0.60		1.50		1.50		1.50		2.00	
Revised to 1st Jan 1987	HEIGHT	1.00		3.00		0.60-1.00		2.60-3.00		5.00		7.50		10.00	
A From plummet BACK TO POOL WALL	DESIGNATION	A-1		A-3		A-1P1		A-3P1		A-5		A-7.5		A-10	
	MINIMUM	1.00		1.00		0.75		1.25		1.25		1.50		1.50	
A/A From plummet BACK TO PLATFORM Plummet directly below	DESIGNATION									AA5/1		AA7.5/3/1		AA10/5/3/1	
	MINIMUM									1.50		1.50		1.50	
B From plummet to POOL WALL AT SIDE	DESIGNATION	B-1		B-3		B-1P1		B-3P1		B-5		B-7.5		B-10	
	MINIMUM	2.50		3.50		2.30		2.90		4.25		4.50		5.25	
C From plummet to ADJACENT PLUMMET	DESIGNATION	C-1/1		C-3/3/1		C-1/1P1		C-3/1P1/3P1		C-5/3/1		C-7.5/5/3/1		C-10/7.5/5/3/1	
	MINIMUM	2.40		2.60		1.65		2.10		2.50		2.50		2.75	
D From plummet to POOL WALL AHEAD	DESIGNATION	D-1		D-3		D-1P1		D-3P1		D-5		D-7.5		D-10	
	MINIMUM	9.00		10.25		8.00		9.50		10.25		11.00		13.50	
E On plummet, from BOARD TO CEILING	DESIGNATION	E-1		E-3		E-1P1		E-3P1		E-5		E-7.5		E-10	
	MINIMUM	5.00		5.00		3.50		3.50		3.50		3.50		5.00	
F CLEAR OVERHEAD behind and each side of plummet	DESIGNATION	F-1 E-1		F-3 E-3		F-1P1 E-1P1		F-3P1 E-3P1		F-5 E-5		F-7.5 E-7.5		F-10 E-10	
	MINIMUM	2.50 5.00		2.50 5.00		2.75 3.50		2.75 3.50		2.75 3.50		2.75 3.50		2.75 5.00	
G CLEAR OVERHEAD ahead of plummet	DESIGNATION	G-1 E-1		G-3 E-3		G-1P1 E-1P1		G-3P1 E-3P1		G-5 E-5		G-7.5 E-7.5		G-10 E-10	
	MINIMUM	5.00 5.00		5.00 5.00		5.00 5.00		5.00 5.00		5.00 5.00		5.00 5.00		6.00 5.00	
H DEPTH OF WATER at plummet	DESIGNATION	H-1		H-3		H-1P1		H-3P1		H-5		H-7.5		H-10	
	MINIMUM	3.50		3.00		3.30		3.60		3.00		4.50		5.00	
J DISTANCE AND DEPTH ahead of plummet	DESIGNATION	J-1 K-1		J-3 K-3		J-1P1 K-1P1		J-3P1 K-3P1		J-5 K-5		J-7.5 K-7.5		J-10 K-10	
	MINIMUM	5.00 3.40		6.00 3.70		5.00 3.20		6.00 3.50		6.00 3.70		8.00 4.40		11.00 4.75	
L DISTANCE AND DEPTH each side of plummet	DESIGNATION	L-1 M-1		L-3 M-3		L-1P1 M-1P1		L-3P1 M-3P1		L-5 M-5		L-7.5 M-7.5		L-10 M-10	
	MINIMUM	1.50 3.40		2.00 3.70		1.40 3.20		1.80 3.50		4.25 3.70		4.50 4.40		5.25 4.75	
N MAXIMUM SLOPE TO REDUCE DIMENSIONS beyond full requirements	POOL DEPTH	30 degrees		NOTE		Dimensions C (plummet to adjacent plummet) apply for Platform with widths as detailed. For wider Platforms increase C by half the additional width(s)									
	CEILING HT	30 degrees													

- (d) Have adequate handholds around the perimeter in pools designed for extended swimming and bathing activity and excluding wave pools; and
- (e) Stairs, ladders, or stepholes with:
- (i) Stairs, when provided, meeting the following construction requirements:

- (A) Treads of a nonslip finish;
- (B) Stair tread edges colored to contrast with the color of the pool and clearly visible to the users;
- (C) Recessed in pool areas used for lap swimming or provided with wave action; and

(D) Equipped with handrails extending over the edge of the deck.

(ii) Ladders or stepholes which:

(A) Furnish exit from pools greater than four feet in depth except in landing pools bringing the user toward a shallow area after entering the water;

(B) Are spaced a minimum of one for every fifty feet of pool perimeter greater than four feet deep;

(C) Are provided at both sides of the deep end in pools over thirty feet in width; and

(D) Are equipped with a handrail at the top of both sides extending over the coping or edge of the deck.

(iii) User access at the shallow end of pool.

(6) Owners shall ensure treatment turnover at rates no less than designated as follows:

(a) In receiving pools for water slides, water tubes, inner tube rides, speed slides or tubes, drop slides or tubes, and kiddie flume slides, treatment turnover time can be based on any of the following:

(i) Total attraction volume in one-hour period;

(ii) Treatment turnover equals design peak usage (maximum users per hour) expressed in gpm;

(iii) A rate of one hour for 20,000 gallons per two or less attraction segments. Treatment turnover times may increase proportionately for larger pool volumes per two or less attraction segments;

(iv) Alternative methods where provisions to reduce contaminants are justified to the satisfaction of the department or local health officer; and

(v) Treatment turnover times not to exceed six hours.

(b) For wave pools, a minimum treatment turnover time of two hours; and

(c) For activity pools, a minimum treatment turnover time of four hours.

(7) Owners shall provide pool inlets which are:

(a) Submerged and located to produce uniform circulation of water and chemicals throughout the pool; and

(b) Located on the bottoms of pools greater than two thousand five hundred square feet, unless otherwise justified by the engineer to the satisfaction of the department or local health officer.

(8) Owners shall provide pool outlets with:

(a) Overflow and main drain with each designed to carry one hundred percent of total recirculation filter flow;

(b) Overflow outlets that have:

(i) Design to maintain a minimum of sixty percent of filter recirculation flow at all times;

(ii) An overflow channel on the pool perimeter to promote uniform circulation and skimming action of the upper water layer for pools greater than twenty-five hundred square feet, with:

(A) Design preventing matter entering channel from returning to the pool;

(B) Dimensions minimizing the hazard for bathers, such as catching arms or feet in an overflow channel;

(C) 0.01 foot slope per foot or more;

(D) Drains sufficiently spaced and sized to collect and remove overflow water to return line to filter where applicable;

(E) Size sufficient to carry one hundred percent of the recirculation flow plus the surge flow equivalent to one-fifth of the balancing tank expressed in gallons per minute.

(iii) Skimmers, when used on pools up to twenty-five hundred square feet, if:

(A) Demonstrated to operate properly under design conditions;

(B) Turbulence is not expected to interfere with operation;

(C) Maximum flow rate through skimmers does not exceed four gpm per inch of weir;

(D) Devices are recessed in the wall of the pool so that no part protrudes beyond the plane of the wall into the pool;

(E) The skimmer is equipped with a device to prevent air lock in the recirculation suction line (i.e., an equalizer line); and

(F) The skimmer is equipped with a removable and cleanable screen designed to trap large solids.

(iv) Sidewall channels, when used on pools up to twenty-five hundred square feet, which accept the total recirculation volume of the pool through the upper side of the pool if:

(A) Overall flow through the channel exceeds four times the treatment recirculation rate;

(B) Design of channel prevents entrapment of the user;

(C) Openings of any screens have less than one-half inch slots;

(D) Channel openings do not allow access beyond the pool, except with the use of specific tools requiring their opening;

(E) Open area of grates prevent a suction or entrapment hazard which could be dangerous to the user; and

(F) The channel provides an action pulling water from the top of the pool to remove floatable debris and oils.

(c) Main drains in all pools with:

(i) Location at the low points of the pool;

(ii) A minimum of two main drains spaced not further than twenty feet apart nor closer than six feet or spaced as far as possible from each other in pools less than six feet linear floor distance;

(iii) Total open area of grates preventing a suction or entrapment hazard which could be dangerous to user;

(iv) Flat grate drains having:

(A) Maximum flow of 1.5 feet per second; or

(B) Net area of outlet being at least four times the area of the discharge pipe.

(v) Maximum flow of four feet per second in anti-vortex drains;

(vi) Openings less than one-half inch in width;

(vii) Grate design to withstand forces of users;

(viii) Grates removable only with specific tools; and

(ix) Means to control flow from recirculation pump or balancing tank.

(9) Owners shall maintain recirculation flow which:

(a) Does not exceed six feet per second in suction or valved discharge side of pump; and

(b) Does not exceed ten feet per second in open discharge pipes on the pressure side of the pump or filter

discharge. This limit does not apply to the return inlet and the last two feet of pipe leading to the inlet.

(10) Owners shall provide a surge chamber or surge area in RWCFs with an entry pool to:

(a) Accommodate at least two minutes of the total turnover; and

(b) Maintain proper water levels for treatment and operation of the attraction.

(11) Owners having RWCFs with overflow channels requiring balancing tanks shall:

(a) Maintain volume equivalent to fifteen times maximum bathing load expressed in gallons; and

(b) Increase capacity as necessary to provide volume for make-up water and to prevent air lock in the pump suction line.

(12) Owners shall have and maintain recirculation pumps with adequate capacity to:

(a) Provide design flows and pressure for recirculation of the RWCF water over the entire operating pressure of the filter;

(b) Allow proper capacity for backwashing of filters when specified; and

(c) Have self-priming capability when installed above the pool water level.

(13) Where pumps precede the filter, owners shall install hair and lint strainers, which shall:

(a) Be located upstream of recirculation pumps;

(b) Be of corrosion-resistant material sufficiently strong to prevent collapse when clogged;

(c) Have an operable cover; and

(d) Provide valving to isolate the strainer when located below pool water level.

(14) Owners shall provide valves at appropriate locations to allow isolation and maintenance of equipment.

(15) Owners shall provide equipment rooms which:

(a) Enclose pumps, disinfection equipment, filters, and other electrical and mechanical equipment and associated chemicals;

(b) Provide adequate working space and access to perform routine operations;

(c) Provide lighting and ventilation of the equipment room; and

(d) Are not accessible to the public.

(16) Owners shall ensure the source of make-up water and associated piping in the RWCF:

(a) Provides sufficient quantity to replace daily losses from the pool;

(b) Comes from a supply conforming with chapter 248-54 WAC; and

(c) Prevents cross-connections using a minimum air gap of two pipe diameters or approved backflow prevention devices between the make-up water source and the RWCF attraction water or waste water.

(17) Owners shall equip RWCFs with filtration equipment which:

(a) Meets the applicable standards of NSF or equivalent;

(b) Uses acceptable types and filter rates described in Table 5 of this section:

TABLE 5
FILTER TYPES AND ACCEPTABLE RATES

Type of Filter	Range of Acceptable Filter Rate Expressed in gpm/sq. ft.		
	Minimum	Maximum*	
Sand			
Rapid & pressure	—		3
Pressure high rate	10		18
Vacuum high rate	10		18
DE		Continu- ous feed	Manual feed
Vacuum	0.8	1.0	2.0
Pressure	1.0	1.35	2.0
Cartridge**			
Applied in temperature ranges:			
<95°F.	—		0.375
>95°F.	—		0.188

Note:

* Filters sized at maximum application rate shall use flow control valves.

** Cartridge filters shall have a nominal micron rating of twenty microns or less.

(c) Has pressure or vacuum gauges for measuring loss of head (pressure) through the filter with minimum of one gauge preceding and one gauge following the filter;

(d) Has a flow indicator to measure treatment turnover; and

(e) Has means of discharging filter backwash to waste with:

(i) Discharge in a manner not creating a public nuisance;

(ii) Disposal in accordance with applicable local law or regulation;

(iii) Minimum air gap of two pipe diameters to prevent cross-connection from waste discharge and recirculation system piping;

(iv) Discharge receptor and piping of sufficient size to accept backwash water and prevent flooding; and

(v) Provisions to monitor filter effluent during backwash.

(18) Owners shall provide disinfection equipment which:

(a) Provides a continuous and effective residual of disinfectant in the water;

(b) Uses a disinfectant with a residual that is easily monitored;

(c) Conforms with NSF standards when liquid or solid feed materials are used;

(d) Has a design feed rate which will provide effective disinfection levels when RWCFs are in use;

(e) Meets the following conditions if chlorine gas is used:

(i) Chlorine rooms shall:

(A) Be above ground level;

(B) Be constructed so all openings or partitions with adjoining rooms are sealed;

(C) Be located with consideration of prevailing winds to dissipate leaked chlorine away from the RWCF;

(D) Have door opening outward only and to the out-of-doors.

(ii) Mechanical exhaust ventilation of the chlorine room including:

(A) Air inlet located as far as possible from fan intake to promote good air circulation patterns;

(B) Minimum of one air change per minute in the chlorine room when fan is operating;

(C) A remote switch outside the room or a door-activated switch to turn on fan prior to entering;

(D) Suction for fan near the floor; and

(E) Exhaust for fan and chlorinator vent located to prevent contaminating air intakes or prevent undue hazard for the users of the RWCF.

(iii) Gas chlorine systems which:

(A) Are vacuum injection type, with vacuum actuated cylinder regulators; and

(B) Provide adequate-sized backflow and anti-siphon protection at the ejector.

(iv) Breathing protection available in an accessible area for the operator outside of the chlorine room including:

(A) Instructions about limitations with chlorine concentrations and concentrations of oxygen if chlorine-cylinder canister masks are used; and

(B) Self-contained breathing apparatus designed for use in a chlorine atmosphere as preferred equipment for working with chlorine leaks.

(v) Means for automatic shutoff when the recirculation filter pump is off or flow to the pool is interrupted;

(vi) Chlorine gas cylinders shall:

(A) Be stored only in chlorine rooms; and

(B) Not exceed one hundred fifty pounds tare weight per cylinder; except, wave pools, where one-ton cylinders may be used. Only a single, one-ton cylinder shall be stored on the premise at any time.

(19) Owners applying chemicals other than disinfectant shall provide chemical feed equipment with:

(a) Adequate size and design to allow routine cleaning and maintenance;

(b) Materials resistant to action of the chemicals to be used; and

(c) Means for automatic shut off when the recirculation filter pump is off or flow to the pool is interrupted.

(20) Owners shall have testing equipment to provide means for measuring disinfectant residuals, pH, alkalinity, and any other chemicals used routinely in the RWCF water. In pools where compressed chlorine gas is used, means to detect leaks shall be provided, i.e., use of proper strength ammonia vapor.

(21) Owners shall provide easily accessible change room facilities at all RWCFs with:

(a) Dressing rooms, showers, toilets, urinals, and sinks;

(b) Change room design including:

(i) Separate facilities for both sexes;

(ii) Floors of a nonslip finish with suitable drains;

(iii) Junctions between walls and floors covered for ease of cleaning;

(iv) Adequate ventilation to prevent build-up of moisture in the facility; and

(v) Provisions to minimize cross traffic with nonusers.

(c) Plumbing fixtures as described in Table 6 of this section.

TABLE 6
MINIMUM PLUMBING FIXTURE REQUIREMENTS
BASED ON MAXIMUM PEAK PERIOD OCCUPANCY

Type of Fixture	Occupancy/Sex	Number of Fixtures Required Per Occupancy Load	
		Male	Female
1. Toilets	First 600 Portion exceeding 600	1/200	1/100
2. Urinals	First 600 Portion exceeding 600	1/450 1/200	1/300 -
3. Showers	First 300 Portion exceeding 300	1/100	1/100
4. Sinks	First 400 Next 350 Portion exceeding 750	1/200 1/350	1/200 1/350
5. Hose bibs		1/500	1/500
6. Janitor sink		1 accessible to change rooms	1 within the RWCF

(d) Showers:

(i) Delivering water at a temperature range between ninety and one hundred ten degrees Fahrenheit; and

(ii) Providing liquid or powdered soap in nonglass dispensers.

(e) Flush toilets and toilet tissue in dispensers;

(f) Sinks providing:

(i) Tempered or hot and cold running water,

(ii) Liquid or powdered soap in nonglass dispensers, and

(iii) Disposable towels or electric hand dryers.

(g) Sewage disposed of in a manner approved by the department or local health officer; and

(h) Hose bibs with vacuum breakers provided at convenient locations.

(22) Owners shall design and maintain lighting at RWCF attractions or change rooms to:

(a) Illuminate indoor attractions, outdoor attractions used after dusk, or change rooms with a minimum lighting intensity maintained thirty inches above any walking surface, pool deck, or pool area of:

(i) Thirty foot-candles at indoor facilities;

(ii) Fifteen foot-candles at outdoor facilities; or

(iii) Twenty foot-candles in change rooms.

(b) Allow lifeguards or attendants to clearly see every part of pool waters and walking surfaces; and

(c) Meet any additional lighting requirements deemed necessary by the department or local health officer.

(23) Owners shall provide first aid facilities in every RWCF including:

(a) A twenty-four package first aid kit per WAC 296-24-065;

(b) Two or more blankets reserved for emergency use;

(c) A telephone with a prominently displayed list of emergency medical service response numbers;

(d) A backboard meeting the specifications of the ARC; and

(e) Sufficient and suitable area to accommodate persons requiring treatment and necessary first aid equipment.

(24) Owners shall provide signs at RWCF entrances and change rooms. Any combination of words, pictures, or symbols may be used to convey the following conditions:

- (a) Prohibition of use by persons with communicable diseases;
- (b) Prohibition of use by persons under the influence of alcohol or drugs;
- (c) Requirement for a cleansing shower before entering the attractions;
- (d) Warning that persons refusing to obey the attendants are subject to removal from the premises; and
- (e) Prohibition of food and drink in pool, change room, or on walking surfaces.

(25) If owners allow or make provision for food service:

- (a) Food and beverage sale and consumption areas shall be separate from pool, change room, and walking surfaces;
- (b) Trash containers shall be provided; and
- (c) No glass containers shall be allowed in the RWCF.

(26) Owners shall prevent users or spectators access to mechanical, electrical, or chemical equipment facilities.

(27) Owners shall provide an operable drinking fountain of the angle jet type design meeting the requirements of the American Standards Association.

[Statutory Authority: RCW 70.90.120, 88-13-125 (Order 311), § 248-97-070, filed 6/22/88.]

WAC 248-97-080 Specific design, construction, and equipment. (1) Owners shall provide specific design, construction, and equipment for the various types of RWCF attractions.

(2) Owners and manufacturers shall ensure adherence to recognized design and construction standards including, but not limited to:

- (a) ASTM F-24 Standards on Amusement Rides and Devices;
- (b) "Suggested Health and Safety Guidelines for Recreational Water Slide Flumes" U.S. Department of Health and Human Services, Centers for Disease Control, Atlanta, Georgia, 30333;
- (c) "World Waterpark Association Considerations for Operating Safety" published by the World Waterpark Association, 7474 Village Drive, Prairie Village, Kansas, 66208; and
- (d) Department recognized or approved guidelines, criteria, or standards.

(3) Owners shall ensure design and construction for water slides or tubes, inner-tube rides, kiddie flumes, or ramp slides meet the following minimum standards:

- (a) Flume or tube entry access points shall have:
 - (i) Means to control unauthorized entrance;
 - (ii) Handrails or slip-resistant surfaces provided to assist users; and
 - (iii) Attendant stations which provide:
 - (A) User entry spacing control;

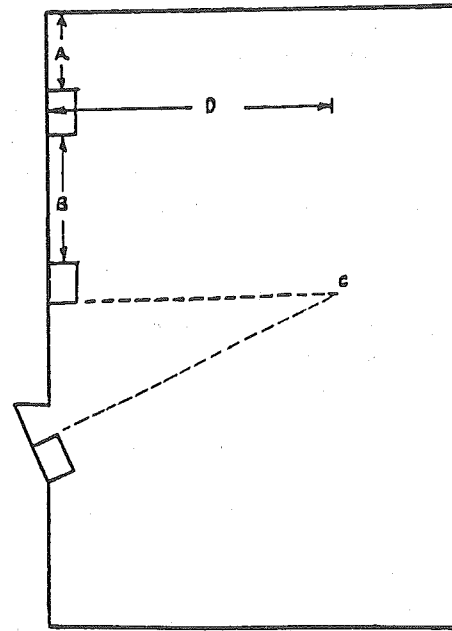
- (B) Attendant line of sight to the attraction; and
- (C) Attendant access to a communication system.

(b) Receiving pools shall have:

(i) Clearances and minimum distances as noted in Figure 3 of this section for tube or flume entrances into pools.

FIGURE 3
MINIMUM CLEARANCES FOR FLUME OR TUBE ENTRY TO RECEIVING POOLS

VALUE	MINIMUM DISTANCE	DESCRIPTION
A	5 feet	Minimum distance from edge of flume to side of pool.
B	6 feet	Minimum distance between sides of parallel flumes.
C	20 feet	Minimum distance between two flumes or tubes that are not parallel shall be so constructed so that the intersecting lines of each closest side does not intersect for a distance of at least twenty feet from the end of each flume.
D	20 feet	Minimum distance where flume terminates to opposite side of pool.



(ii) Flume or tube sliding surface ending below the pool operating water level when users ride unaided or on mats;

(iii) Flume or tube perpendicular for a minimum of ten feet to the wall of entry;

(iv) Handrails, when steps are provided for exiting; and

(v) Attendant and/or lifeguard stations with:

- (A) Unobstructed access to users; and
- (B) Ready access to communication system for contacting control station attendant and first aid personnel.

(4) Owners shall design and construct barriers to prevent unauthorized entry or exit from any intermediate pool.

(5) Owners shall ensure design and construction of speed slides meet the following minimum standards:

(a) Entry points conforming with subsection (3)(a) of this section;

(b) Roller- or sled-type slides designed to prevent accidental flipping of the sleds or coasters when entering the water;

(c) Provision of sufficient transition zones for deceleration preventing unsafe user impact; and

(d) Maintenance of critical water operation levels providing proper braking action of the user.

(6) Owners shall ensure design and construction of wave pools meet the following minimum standards:

(a) Walls of wave pools shall be vertical with minimum six inch radius of curvature between wall and pool bottom;

(b) Pool bottom sloped:

(i) Not exceeding one foot of drop in twelve feet of run where pool depths range from zero to three and one-half feet; or

(ii) Not exceeding one foot of drop in nine feet of run where depths range from three and one-half feet to six and one-half feet.

(c) Recessed ladders or step holes with vertical grab bars at depths above three and one-half feet:

(i) For emergency exit only;

(ii) Spaced at intervals of fifty feet or less where pool water depths are greater than three and one-half feet. Pool water depths are measured without wave action.

(d) Deck width of at least ten feet along the shallow end;

(e) A fence or restrictive barrier a minimum of forty-two inches in height and at least two feet out from the pool/deck interface at the side walls of wave pools, with emergency exit openings.

(f) Lifeguard station locations appropriate to prevailing conditions;

(g) A push-button system to shut off the wave-making equipment with:

(i) Shut offs installed on sidewall decks and spaced at intervals no greater than one hundred feet, readily accessible to the lifeguards; and

(ii) Shock hazard protection.

(h) A communication system for use by authorized personnel which is clearly audible to all portions of the pool;

(i) A communication system for interaction between authorized personnel; and

(j) Maximum bathing load (users) not to exceed a value equal to $S/12 + D/68$ where:

(i) "S" equals surface area in square feet where depth is less than three and one-half feet;

(ii) "D" equals surface area in square feet where pool depth is three and one-half feet deep or greater; and

(iii) Pool depths are measured without wave action.

(7) If inner tubes, boogie boards, or surf boards are used, the owner shall ensure the design and operation of the wave pool provides for such activity, including:

(a) The establishment of rules for use;

(b) Operating and emergency procedures; and

(c) Crowd control.

(8) Owners shall ensure design and construction of any wading activity pool meets the following minimum standards. Wading activity pool areas are:

(a) Built with maximum water depth of two feet;

(b) Constructed with pool walls so that distance from deck to water level is six inches or less for at least seventy-five percent of the pool perimeter;

(c) Equipped with floors uniformly sloped to drain with a maximum slope of one foot of drop in twelve feet of run;

(d) Separated by at least a four foot high barrier when distance to any water area greater than four feet in depth is less than ten feet; and

(e) Protected from water areas greater than two feet by providing:

(i) A float line separating the two areas;

(ii) A six inch contrasting color line on pool bottom and side walls at float line; and

(iii) A transition zone with a maximum floor slope not exceeding one foot of drop in twelve feet of run.

(9) Owners shall ensure design and construction of drop slides or drop tubes meet the following minimum standards:

(a) Entry in accordance with subsection (3)(a) of this section;

(b) Receiving pool envelope:

(i) Conforming to CNCA standards noted in WAC 248-97-070 (5)(c)(vi)(A) if the point of exit is less than one-half meter (or twenty inches);

(ii) Conforming to FINA standards noted in WAC 248-97-070 (5)(c)(vi)(B) if the point of exit is one-half meter (or twenty inches) or greater.

(iii) Increasing in size to ensure user safety if warranted by angle of entry or speed of the user.

(c) Sufficient distance between slides or tubes to prevent collisions of users. Parallel exits are recommended.

(d) Direct line of sight and direct communication between entry access point and receiving pool.

(10) Owners shall provide signs for specific RWCF attractions. Words, pictures, or symbols may be used to convey the following as appropriate:

(a) Prohibition of running, standing, kneeling, tumbling, horseplay, or stopping in the flumes or tubes;

(b) Failure to follow directions of attendant or failure to obey posted rules may result in removal from the RWCF;

(c) Prohibition of diving from flume;

(d) Prohibition of multiple user chains if applicable to ride;

(e) Requirement to leave the landing area promptly after exiting;

(f) Recommended minimum or maximum age or height for using this attraction; and

(g) Prohibition of head first sliding if applicable to ride.

(h) Additional information on wave pools including:

(i) Warning that wave pools can be very tiring;

(ii) Warning for small children and poor swimmers to use personal flotation devices in designated areas;

(iii) Requirement for adult supervision for children;

(iv) Prohibition of diving, jumping, or entering from sides of pool; and

(v) Prohibition of using surf boards during periods of general public use.

(11) If the proposed attraction design is not addressed by or exceeds limitations of standards and guidelines specified by this section, owners shall submit:

(a) Justification to the department or local health officer prepared by an engineer; and

(b) Information on the construction, maintenance, and operation of the proposed attraction.

[Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-080, filed 6/22/88.]

WAC 248-97-090 Operation. (1) Owners shall ensure proper operation to protect the public health and safety of the users and the water quality of the RWCF.

(2) Owners shall prepare and use an operations manual for the RWCF.

(3) Owners shall routinely inspect, maintain, and repair the physical components to:

(a) Ensure all structural facilities are intact and free from corrosion, wear, or stress;

(b) Prevent water ponding on walking surfaces;

(c) Ensure equipment is available and operable including:

(i) Disinfection, filtration, and related equipment;

(ii) Lifesaving equipment; and

(iii) Communication systems.

(4) Owners shall ensure user health and safety by adequately staffing the RWCF during operation. Staffing shall include:

(a) Advanced first aid personnel at all times facility is open to the public;

(b) Lifeguards and/or attendants as appropriate at all times facility is open to the public; and

(c) Water treatment operator as needed.

(5) Owners shall ensure each type of personnel performs the following duties:

(a) Advanced first aid personnel shall provide emergency medical treatment;

(b) Lifeguard shall have sole responsibility for guarding users in area assigned;

(c) Attendants shall have sole responsibility for assuring proper user control in areas assigned; and

(d) Water treatment operator shall oversee water treatment operations and conduct necessary water quality monitoring.

(6) Owners shall ensure each type of personnel meets the designated training requirements:

(a) Advanced first aid personnel with:

(i) A current advanced first aid certification or equivalent or higher levels of training including:

(A) First responder;

(B) Emergency medical technician; or

(C) Paramedic.

(ii) Training on management of spinal injuries in the aquatic environment if lifeguards with lifeguard training are not at the RWCF.

(b) Lifeguards with a current lifeguard certificate through any of the recognized programs in the definition (WAC 248-97-020(23));

(c) Attendants with training determined appropriate by the owner to respond to user safety needs at the attractions, and:

(i) Attendants stationed at shallow pool facilities (less than four feet water depth) with documented training regarding their response in at least the following:

(A) Safety instruction on basic methods of water rescue, reaching, and extension assists;

(B) Cardiopulmonary resuscitation (CPR) and airway management;

(C) Basic bleeding control;

(D) Basic fracture management; and

(E) Specific instruction on management of spinal injuries related to the aquatic environment.

(ii) Attendants stationed at entry access areas with basic training including:

(A) Controlling and supervising users in areas where attendant is responsible;

(B) Controlling timing of user entry rate where appropriate;

(C) Use of communication systems; and

(D) Knowledge of CPR by at least one attendant on duty.

(d) Water treatment operators knowledgeable in pool water chemistry, filters, and pumping equipment; and

(e) When gas chlorine is used, the manager or the operator with specific training in:

(i) Proper operation and maintenance procedures of the chlorination equipment;

(ii) Physical and chemical properties of chlorine gas under pressure;

(iii) Use of emergency safety equipment; and

(iv) Proper first aid procedures and response for accidental inhalation of chlorine gas and leaks.

(7) Owners shall ensure adequate emergency response with:

(a) Lifeguards (and attendants where appropriate) located to provide a response time not to exceed thirty seconds to all users in pools;

(b) Backup lifeguard (or attendant where appropriate) provisions so response time is maintained during multiple rescues;

(c) Lifeguards at all pools. Attendants may substitute for lifeguards at pools less than four feet in depth which:

(i) Are strictly used as receiving pools for attractions where users leave the pool immediately after entering; or

(ii) Are strictly used for wading activity; and

(iii) Attendants meet the training requirements specified in subsection (6)(c)(i) of this section.

(d) Provisions for emergency response drills to meet the response time and actions noted in WAC 248-97-090 including:

(i) Drills at least twice each operating season; and

(ii) Documentation of testing.

(8) Owners shall regulate activities of users and spectators including:

(a) Requirement to obey RWCF rules related to health and safety; and

(b) Warning that failure to comply with rules constitutes grounds for exclusion from the premises or management action as necessary.

(9) Owners shall ensure RWCF user control in specific attractions by requiring:

(a) On speed slides, completion of the ride by one user before allowing another user to enter;

(b) On ramp slides, clearing of the slide by one group prior to second group entering; and

(c) On drop slide or tube, clearing of the pool entry area prior to allowing another user to enter.

(10) Owners shall monitor various environmental conditions which affect facility safety. Weather conditions, including electrical storms, fog, wind, sun glare creating visibility problems, and other such factors shall be evaluated. Appropriate action shall be taken in response to these factors to ensure user safety.

[Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-090, filed 6/22/88.]

WAC 248-97-100 Monitoring, reporting, and record keeping. (1) Owners shall:

(a) Provide information requested by the department or local health officer for statewide injury and illness surveillance reports; and

(b) Notify the department or local health officer within forty-eight hours of any drowning, near drowning, death, or serious injury or illness occurring at the RWCF.

(2) Owners shall monitor and maintain records on the following for at least three years:

(a) Water quality conditions including:

(i) Testing for residual disinfectant concentration three or more different periods daily, except once a day if electronic monitoring and control equipment is provided;

(ii) Hydrogen ion (pH) concentration tested daily;

(iii) Alkalinity monitored at least weekly;

(iv) Any other chemical added to water including alum, algicides, cyanurate compounds, acid, and alkalinity compounds, etc.;

(v) Pressure or vacuum gauge readings; and

(vi) Any gross contamination to the water (i.e., vomiting, feces, etc.).

(b) Routine preventive maintenance provided on all hazardous equipment, e.g., gas chlorination equipment;

(c) Number of users of the facility; and

(d) Credentials, training, and/or certifications required for personnel per WAC 248-97-090 of this chapter.

(3) Owners shall notify the department in the event an incident occurs with a chemical creating a problem of health or safety significance (e.g., chlorine gas leak).

(4) Owners shall make records available for department review upon request.

[Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-100, filed 6/22/88.]

WAC 248-97-110 Inspection. (1) Owners shall permit the department or local health officer to perform on-site inspections as necessary in the discretion of the

enforcing agency to ensure compliance with standards in chapter 70.90 RCW and chapter 248-97 WAC.

(2) Employees of the enforcing agency shall provide appropriate identification when entering for purpose of routine inspections.

[Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-110, filed 6/22/88.]

WAC 248-97-120 Advisory committee. The RWCF advisory committee shall:

(1) Perform functions as specified in accordance with RCW 70.90.130;

(2) Meet at least one time each year;

(3) Be composed of representatives as specified in RCW 70.90.130 appointed to staggered two-year terms, the representative from the department shall not be subject to these conditions;

(4) Select a chairperson every two years;

(5) Establish department representative as ongoing secretary of the advisory committee; and

(6) Present an annual report to the board summarizing committee activities.

[Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-120, filed 6/22/88.]

WAC 248-97-130 Enforcement. (1) The department or, if enforcement responsibility has been assigned under a joint plan of operation, the local health officer:

(a) Shall enforce the rules of chapter 248-97 WAC; or

(b) May refer cases within their jurisdiction to the local prosecutor's office or office of the attorney general, as appropriate.

(2) When a RWCF is in violation of provisions of chapter 70.90 RCW or the rules of chapter 248-97 WAC, appropriate enforcement action may be initiated by the department, local health officer, local prosecutor's office, or office of the attorney general. Enforcement actions may include any one or a combination of the following:

(a) Informal administrative conferences, convened at the request of the department, local health officer, or owner, to explore facts and resolve problems;

(b) Orders directed to the owner and/or operator of the RWCF and/or the person causing or responsible for the violation of the rules of chapter 248-97 WAC;

(c) Imposition of civil penalties of up to five hundred dollars per violation per day as authorized under RCW 70.90.200;

(d) Denial, suspension, or revocation of operating permits; and

(e) Civil or criminal action initiated by the local prosecutor's office or by the office of the attorney general.

(3) Orders authorized under this section include, but are not limited to, the following:

(a) Orders requiring corrective measures necessary to effect compliance with chapter 248-97 WAC or chapter 70.90 RCW. Such orders may or may not include a compliance schedule; and

(b) Orders to stop work and/or refrain from using any RWCF or portion thereof or improvement thereto until

all permits, certifications, and approvals required by statute or rule are obtained.

(4) An order issued under this section shall:

(a) Be in writing;

(b) Name the facility and the person or persons to whom the order is directed;

(c) Briefly describe each action or inaction constituting a violation of chapter 70.90 RCW or the rules of chapter 248-97 WAC;

(d) Specify any required corrective action or forbearance together with a schedule for completing such corrective action, if applicable;

(e) Provide notice, as appropriate, that continued or repeated violation may subject the violator to:

(i) Civil penalties of up to five hundred dollars;

(ii) Denial, suspension, or revocation of the facilities operating permit; or

(iii) Referral to the office of the county prosecutor or attorney general.

(f) Provide the name, business address, and phone number of an appropriate staff person who may be contacted in regard to an order.

(5) Service of an order shall be made:

(a) Personally, unless otherwise provided by law; or

(b) By certified mail return receipt requested.

(6) Under such rules or policies as the department or local health officer may adopt, civil penalties of up to five hundred dollars per violation per day may be assessed against any person violating the provisions of chapter 70.90 RCW or chapter 248-97 WAC.

(7) The department or local health officer shall have cause to deny the application or reapplication for an operating permit or to revoke or suspend a required operating permit of any person who has:

(a) Previously had:

(i) An operating permit suspended or revoked; or

(ii) An application for an operating permit denied for any reason whether in this state or any other state.

(b) Failed or refused to comply with the provisions of chapter 70.90 RCW, chapter 248-97 WAC, or any other statutory provision or rule regulating the construction or operation of a RWCF; or

(c) Obtained or attempted to obtain an operating permit or any other required certificate or approval by fraudulent means or misrepresentation.

(8) For the purposes of subsection (7) of this section, a person shall be defined to include:

(a) Applicant;

(b) Reapplicant;

(c) Permit holder; or

(d) Any individual associated with subsection (8)(a), (b), or (c) of this section including, but not limited to:

(i) Board members,

(ii) Officers,

(iii) Managers,

(iv) Partners,

(v) Association members,

(vi) Employees,

(vii) Agents, and in addition

(viii) Third persons acting with the knowledge of such persons.

(9) Any person aggrieved by the department's or local health officer's denial, suspension, or revocation of an operating permit may request an administrative hearing.

(a) A hearing requested to contest a department action (departmental hearing) shall be governed by chapters 10-08 and 388-08 WAC. If any provision of this section conflicts with chapter 388-08 WAC, the provision in this section applies. The decision-making procedure shall be the initial decision, petition for review, and review decision procedure.

(b) A request for a department hearing must be in writing and:

(i) State the issue and law on which the appeal relies;

(ii) State the grounds for contending the denial, suspension, or revocation is erroneous;

(iii) Contain the appellant's current address and telephone number, if any; and

(iv) Have a copy of the order or notice of denial, suspension, or revocation attached.

(c) A request for a department hearing must be made within thirty days of the date the order or notice of denial, suspension, or revocation was received by the person.

(d) The request for a department hearing shall be made by personal service to the Office of Hearings, Olympia, or certified mail addressed to the Office of Hearings at P.O. Box 2465, Olympia, Washington 98504-2465. When the request is mailed, it shall be treated as having been made on the date it was post-marked provided it is received by the Office of Hearings properly addressed and with no postage due.

(e) A hearing requested to contest a local health officer's action shall be governed by the local health jurisdiction's rules for hearings.

(10) The department or local health officer may summarily suspend an operating permit, other required permit, license, or certification without a prior hearing if the department or local health officer:

(a) Finds that public health, safety, or welfare imperatively requires emergency action; and

(b) Incorporates a finding to that effect in its notice or order.

(11) The department or local health jurisdiction shall give priority to the scheduling and determination of any appeal from any notice or order issued under subsection (10) of this section.

[Statutory Authority: RCW 70.90.120, 88-13-125 (Order 311), § 248-97-130, filed 6/22/88.]

WAC 248-97-140 Insurance. (1) As a condition of obtaining and maintaining a valid operating permit, owners shall provide evidence of having liability insurance.

(2) The minimum amount of liability insurance required shall be one hundred thousand dollars combined single limit. The coverage for this insurance shall include:

(a) Bodily injury or death of one or more persons in any one incident from the use of the RWCF.

(b) Tail coverage shall be required twenty-four months beyond the insured period on a "claims made" form of insurance.

(3) A certificate of insurance shall be provided to the department or local health officer at the time of application for operating permit subject to the approval of the risk manager of the state of Washington.

(4) The liability insurance company shall provide the department or local health officer a thirty-day prior notice of cancellation, alteration, or nonrenewal. This condition shall be stated in the certificate.

(5) If the owner's insurance is cancelled, the operating permit is void and the owner shall cease operation of the RWCF until required insurance is obtained and a valid operating permit is reinstated by the department or local health officer.

[Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-140, filed 6/22/88.]

WAC 248-97-150 Compliance. Existing RWCFs not complying with the design, construction, and equipment requirements outlined in WAC 248-97-070 and 248-97-080 of these regulations may continue in use, provided the facility is operated in continuous compliance of the safety, sanitation, and water quality provisions of chapter 248-97 WAC as outlined in WAC 248-97-060, 248-97-090, 248-97-100, and 248-97-140.

[Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-150, filed 6/22/88.]

WAC 248-97-160 Variance. The board may grant a variance from requirements of chapter 248-97 WAC if, in the sole discretion of the board, data and/or research provides sufficient evidence that the RWCF (attraction, device, equipment, procedure, etc.), will adequately protect public health and safety, as well as water quality.

[Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-160, filed 6/22/88.]

WAC 248-97-170 Innovations—Substitutions. The board authorizes the department:

(1) To review new innovations, and if accepted for use, prepare appropriate amendments to chapter 248-97 WAC.

(2) To allow substitution of equipment, facilities, or procedures required by chapter 248-97 WAC when, in the sole discretion of the department, data and/or research provide sufficient evidence that such substitution is equivalent to the requirement and will adequately provide for the protection of the public health and safety of persons using the RWCF.

[Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-170, filed 6/22/88.]

Chapter 248-100 WAC COMMUNICABLE AND CERTAIN OTHER DISEASES

WAC

248-100-001	Repealed.
248-100-002	Repealed.
248-100-003	Repealed.
248-100-006	Purpose.
248-100-010	Repealed.
248-100-011	Definitions.
248-100-015	Repealed.
248-100-016	Confidentiality.
248-100-020	Repealed.
248-100-021	Responsibilities and duties—Health care providers.
248-100-025	Repealed.
248-100-026	Responsibilities and duties—Veterinarians.
248-100-030	Repealed.
248-100-031	Responsibilities and duties—Laboratory directors.
248-100-035	Repealed.
248-100-036	Responsibilities and duties—Local health officers.
248-100-040	Repealed.
248-100-041	Responsibilities and duties—State health officer.
248-100-045	Repealed.
248-100-046	Responsibilities and duties—Cases, suspected cases, carriers, contacts, and others.
248-100-050	Repealed.
248-100-055	Repealed.
248-100-060	Repealed.
248-100-065	Repealed.
248-100-070	Repealed.
248-100-071	Responsibility for reporting to and cooperating with the local health department.
248-100-072	Rules for notification of partners at-risk of HIV infection.
248-100-075	Repealed.
248-100-076	Reportable diseases and conditions.
248-100-080	Repealed.
248-100-081	Reports—Content—Time—Hospital monthly report permitted for certain diseases.
248-100-085	Repealed.
248-100-086	Reporting diseases and conditions directly to department.
248-100-090	Repealed.
248-100-091	Handling of reports by local health department— Handling of reports by department.
248-100-095	Repealed.
248-100-100	Repealed.
248-100-105	Repealed.
248-100-110	Repealed.
248-100-115	Repealed.
248-100-120	Repealed.
248-100-125	Repealed.
248-100-130	Repealed.
248-100-135	Repealed.
248-100-140	Repealed.
248-100-145	Repealed.
248-100-150	Repealed.
248-100-155	Repealed.
248-100-160	Repealed.
248-100-163	Repealed.
248-100-164	Repealed.
248-100-166	Immunization of day care and school children against certain vaccine-preventable diseases.
248-100-170	Repealed.
248-100-171	Special settings—Food service establishments.
248-100-176	Special settings—Schools.
248-100-180	Repealed.
248-100-181	Special settings—Child day care facilities.
248-100-186	Special settings—Health care facilities.
248-100-191	Animals, birds, pets—Measures to prevent human disease.
248-100-195	Repealed.
248-100-196	Animal bites—Report to local health department.
248-100-200	Repealed.

248-100-201 Birds—Measures to prevent psittacosis.
 248-100-205 Repealed.
 248-100-206 Special diseases—Sexually transmitted diseases.
 248-100-207 Human immunodeficiency virus (HIV) testing—Ordering—Laboratory screening—Interpretation—Reporting.
 248-100-208 Counseling standard—AIDS counseling.
 248-100-209 Counseling standards—Human immunodeficiency virus (HIV) pretest counseling—HIV post-test counseling.
 248-100-210 Repealed.
 248-100-211 Special diseases—Tuberculosis.
 248-100-215 Repealed.
 248-100-216 Special diseases—Surveillance for influenza.
 248-100-220 Repealed.
 248-100-221 Duties of laboratories—Annual registration of laboratories.
 248-100-225 Repealed.
 248-100-226 Duties of laboratories—Approval of laboratories to perform prenatal serologic tests for syphilis.
 248-100-230 Repealed.
 248-100-231 Duties of laboratories—Submission of specimens by laboratories.
 248-100-235 Repealed.
 248-100-236 Duties of laboratories—Reporting of laboratory results indicative of certain reportable diseases.
 248-100-240 Repealed.
 248-100-241 Duties of laboratories—Duty to cooperate with local health departments and the department.
 248-100-246 Repealed.
 248-100-249 Repealed.
 248-100-250 Repealed.
 248-100-255 Repealed.
 248-100-260 Repealed.
 248-100-265 Repealed.
 248-100-270 Repealed.
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 248-100-545 Repealed.
 248-100-550 Repealed.
 248-100-555 Repealed.
 248-100-560 Repealed.
 248-100-565 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-100-001 Definitions—General. [Regulation .100.001, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
 248-100-002 Definition of "health officer." [Regulation .100.002, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
 248-100-003 Health officers in cities below the first class. [Regulation .100.003, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
 248-100-010 General—Laboratory tests—Duty of person attending patient. [Regulation .100.010, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
 248-100-015 General—Diagnoses and releases. [Regulation .100.015, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
 248-100-020 General—Annual registration of laboratories. [Regulation .100.020, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
 248-100-025 General—Investigative duty of health officers. [Statutory Authority: RCW 43.20.050. 87-11-047 (Order 302), § 248-100-025, filed 5/19/87; Regulation .100.025, effective 3/11/60.] Repealed by 88-07-063 (Order 308), filed 3/16/88. Statutory Authority: RCW 43.20.050.
 248-100-030 General—Epidemiologic report. [Regulation .100.030, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
 248-100-035 Reports of diseases by attending physicians and others—Reports by those in attendance. [Regulation .100.035, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
 248-100-040 Reports of diseases by attending physicians and others—Duty of others with knowledge. [Regulation .100.040, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
 248-100-045 Reports of diseases by attending physicians and others—Duty of interrogated persons. [Regulation .100.045, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
 248-100-050 Reports of diseases by health care providers and others—Health officers. [Statutory Authority: RCW 43.20.050. 87-11-047 (Order 302), § 248-100-050,

- filed 5/19/87; Regulation .100.050, effective 3/11/60.] Repealed by 88-07-063 (Order 308), filed 3/16/88. Statutory Authority: RCW 43.20.050.
- 248-100-055 Reports of diseases by attending physicians and others—Changes in diagnosis. [Regulation .100.055, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-060 Reports of diseases by attending physicians and others—Forms for and lists of reportable diseases. [Regulation .100.060, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-065 Reports of diseases by attending physicians and others—Reports of special diseases. [Regulation .100.065, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-070 Reports of diseases by attending physicians and others—Withholding identity. [Regulation .100.070, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-075 Reportable diseases—List of. [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.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-080 Unusual or serious diseases—Sudden or extraordinary outbreaks of. [Regulation .100.080, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-085 Diseases requiring confirmation by laboratory examination whenever possible. [Regulation .100.085, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-090 Diseases in which release specimens shall be submitted. [Regulation .100.090, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-095 Diseases where specimens must be submitted. [Regulation .100.095, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-100 Reports of local health officers—Telegraph or telephone reports in certain cases. [Regulation .100.100, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-105 Reports of local health officers—Diseases reportable by number of cases. [Statutory Authority: RCW 70-41.030. 79-08-013 (Order 180), § 248-100-105, filed 7/10/79; Rule .100.105, filed 6/4/63; Regulation .100.105, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-110 Reports of local health officers—Diseases reportable by individual report cards. [Regulation .100.110, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-115 Reports of local health officers—Reports of circumstances. [Regulation .100.115, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-120 Isolation and quarantine procedures—Duty of physicians to advise. [Regulation .100.120, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-125 Isolation and quarantine procedures—Mandatory precautions. [Regulation .100.125, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-130 Isolation and quarantine procedures—Quarantine of contacts. [Regulation .100.130, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-135 Isolation and quarantine procedures—Termination procedure. [Regulation .100.135, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-140 Milk and dairy workers—Sales forbidden from places where certain diseases exist. [Regulation .100.140, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-145 Travel—Forbidden without permission. [Regulation .100.145, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-150 Travel—Common carriers, United States Public Health Service regulations adopted. [Regulation .100.150, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-155 Travel—By public conveyance. [Regulation .100.155, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-160 Schools and public gatherings—Duties of teachers and principals. [Regulation .100.160, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-163 Immunization of school children against certain vaccine-preventable diseases. [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.] Repealed by 88-07-063 (Order 308), filed 3/16/88. Statutory Authority: RCW 43.20.050.
- 248-100-164 Immunization of children attending day care centers against certain vaccine-preventable diseases. [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.] Repealed by 88-07-063 (Order 308), filed 3/16/88. Statutory Authority: RCW 43.20.050.
- 248-100-170 School employees—Communicable diseases. [Order 78, § 248-100-170, filed 1/9/73; Regulation .100.170, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-180 Tuberculosis testing—Restricting further charges where x-ray technically unsatisfactory. [Regulation .100.180, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-195 Filing certificates. [Statutory Authority: RCW 43.20.050. 79-10-025 (Order 184), § 248-100-195, filed 9/10/79; Order 78, § 248-100-195, filed 1/9/73; § 248-100-195, filed 10/3/67; Regulation .100.195, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-200 Casual substitute teachers and student employees. [Order 78, § 248-100-200, filed 1/9/73; Regulation .100.200, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-205 Preventive or curative treatment for tuberculosis. [Statutory Authority: RCW 43.20.050. 79-10-025 (Order 184), § 248-100-205, filed 9/10/79; Order 78, § 248-100-205, filed 1/9/73; Regulation .100.205, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.

- 248-100-210 Barbers and cosmeticians—Freedom from disease—Examinations. [Regulation .100.210, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-215 Barbers and cosmeticians—Procedure in serving infected persons. [Regulation .100.215, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-220 Venereal diseases—Submission of specimens. [Order 43, § 248-100-220, filed 10/14/70; Regulation .100.220, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-225 Venereal diseases—Advising patients. [Regulation .100.225, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-230 Venereal diseases—Duties of local health officers and afflicted persons. [Regulation .100.230, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-235 Venereal diseases—Nonissue of "freedom from" reports. [Regulation .100.235, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-240 Venereal diseases—Curative advertising. [Regulation .100.240, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-246 Infectious disease—Submission of specimens. [Order 43, § 248-100-246, filed 10/14/70.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-249 Reference to American Public Health Association Manual. [Introduction, filed 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-250 Amoebiasis and amoebic dysentery. [Regulation .100.250, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-255 Anthrax. [Regulation .100.255, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-260 Botulism. [Regulation .100.260, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-265 Brucellosis (undulant fever). [Regulation .100.265, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-270 Chancroid. [Regulation .100.270, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-275 Chicken pox. [Order 73, § 248-100-275, filed 4/11/72; Regulation .100.275, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-280 Cholera. [Regulation .100.280, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-285 Coccidioidomycosis. (Coccidioidal granuloma, valley fever). [Regulation .100.285, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-290 Conjunctivitis (see also "Newcastle disease"). [Regulation .100.290, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-295 Ophthalmia neonatorum (infectious conjunctivitis of the newborn). [Statutory Authority: RCW 43.20.050. 81-11-061 (Order 212), § 248-100-295, filed 5/20/81; Regulation .100.295, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-300 Coxsackie diseases, epidemic (pleurodynia, epidemic myalgia). [Regulation .100.300, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-305 Dengue fever. [Regulation .100.305, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-310 Diarrhea, epidemic. [Regulation .100.310, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-315 Diphtheria and carrier state. [Regulation .100.315, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-320 Dysentery, bacillary (shigellosis and salmonellosis). [Order 103, § 248-100-320, filed 8/9/74; § .100.320(5), filed 8/4/67; Regulation .100.320, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-325 Encephalitis, primary, viral. [Regulation .100.325, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-330 Food poisoning—Staphylococcal, streptococcal, chemical, shellfish, and plant (see also botulism, shigellosis and salmonellosis). [Regulation .100.330, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-335 Rubella. [Statutory Authority: RCW 70.41.030. 79-08-013 (Order 180), § 248-100-335, filed 7/10/79; Regulation .100.335, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-340 Gonorrhoea. [Regulation .100.340, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-345 Granuloma inguinale. [Regulation .100.345, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-350 Hepatitis, infectious (viral). [Regulation .100.350, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-355 Histoplasmosis. [Regulation .100.355, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-360 Impetigo. [Regulation .100.360, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-365 Influenza and epidemic respiratory disease (undifferentiated). [Regulation .100.365, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-370 Intestinal worms. [Regulation .100.370, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-375 Leprosy. [Regulation .100.375, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-380 Leptospirosis. [Regulation .100.380, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-385 Lymphogranuloma venereum. [Regulation .100.385, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-390 Malaria. [Regulation .100.390, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-395 Measles. [Statutory Authority: RCW 70.41.030. 79-08-013 (Order 180), § 248-100-395, filed 7/10/79; Order 73, § 248-100-395, filed 4/11/72; Regulation .100.395, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.

- 248-100-400 Meningococcal infection (meningitis or meningococemia). [Regulation .100.400, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-405 Mononucleosis, infectious. [Regulation .100.405, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-410 Mumps. [Statutory Authority: RCW 70.41.030. 79-08-013 (Order 180), § 248-100-410, filed 7/10/79; Regulation .100.410, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-415 Newcastle disease. [Regulation .100.415, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-420 Pertussis (whooping cough). [Regulation .100.420, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-425 Plague (in humans). [Regulation .100.425, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-430 Pneumonia, primary. [Regulation .100.430, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-435 Poliomyelitis. [Statutory Authority: RCW 70.41.030. 79-08-013 (Order 180), § 248-100-435, filed 7/10/79; Regulation .100.435, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-440 Psittacosis (ornithosis). [Order 73, § 248-100-440, filed 4/11/72; Order 21, § 248-100-440, filed 6/27/69; Emergency Order 20, § 248-100-440, filed 4/8/69; Regulation .100.440, effective 3/11/60; subsection (8) amended by filing of 6/3/65.] Repealed by 88-07-063 (Order 308), filed 3/16/88. Statutory Authority: RCW 43.20.050.
- 248-100-445 "Q" fever. [Regulation .100.445, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-450 Rabies. [Statutory Authority: RCW 43.20.050. 81-22-016 (Order 217), § 248-100-450, filed 10/23/81; 78-03-059 (Order 157), § 248-100-450, filed 2/22/78; Order 40, § 248-100-450, filed 10/14/70; Regulation .100.450, effective 3/11/60.] Repealed by 88-07-063 (Order 308), filed 3/16/88. Statutory Authority: RCW 43.20.050.
- 248-100-451 Treatment of individuals. [Order 40, § 248-100-451, filed 10/14/70.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-452 Management of rabies outbreak. [Order 40, § 248-100-452, filed 10/14/70.] Repealed by 88-07-063 (Order 308), filed 3/16/88. Statutory Authority: RCW 43.20.050.
- 248-100-455 Rat-bite fever (including Haverhill fever). [Regulation .100.455, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-460 Relapsing fever. [Regulation .100.460, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-465 Rheumatic fever. [Regulation .100.465, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-470 Ringworm. [Order 81, § 248-100-470, filed 4/9/73; Order 73, § 248-100-470, filed 4/11/72; Regulation .100.470, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-475 Rocky Mountain spotted fever. [Regulation .100.475, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-480 Salmonellosis. [Regulation .100.480, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-485 Scabies. [Regulation .100.485, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-490 Schistosome (cercarial) dermatitis (swimmer's itch). [Regulation .100.490, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-495 Smallpox. [Regulation .100.495, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-500 Streptococcal infections—Hemolytic. [Subsection 1, filed 5/31/61; Regulation .100.500, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-505 Syphilis. [Regulation .100.505, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-510 Tetanus. [Regulation .100.510, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-515 Tick paralysis. [Regulation .100.515, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-520 Trachoma. [Regulation .100.520, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-525 Trichinosis. [Regulation .100.525, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-530 Tuberculosis. [Regulation .100.530, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-532 Control of tuberculosis. [Order 138, § 248-100-532, filed 2/7/77; Order 73, § 248-100-532, filed 4/11/72.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-535 Tularemia. [Regulation .100.535, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-540 Typhoid fever, paratyphoid fever, and the carrier state of each. [Regulation .100.540, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-545 Typhus fever. [Regulation .100.545, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-550 Vincent's disease. [Regulation .100.550, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-555 Yellow fever. [Regulation .100.555, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-560 Approval of laboratories to perform prenatal serologic tests for syphilis—Laboratory advisory committee. [Regulation .100.560, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.
- 248-100-565 Approval of laboratories to perform prenatal serologic tests for syphilis—Requirements for approval of laboratories to perform prenatal serologic tests for syphilis. [Regulation .100.565, effective 3/11/60.] Repealed by 87-11-047 (Order 302), filed 5/19/87. Statutory Authority: RCW 43.20.050.

WAC 248-100-001 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-002 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-003 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-006 Purpose. The following rules and regulations are adopted under the authority of chapter 43.20 RCW to protect the health and well-being of the public by controlling communicable and certain other diseases.

[Statutory Authority: RCW 43.20.050, 87-11-047 (Order 302), § 248-100-006, filed 5/19/87.]

WAC 248-100-010 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-011 Definitions. The following definitions shall apply in the interpretation and enforcement of chapter 248-100 WAC:

(1) "Acquired immunodeficiency syndrome (AIDS)" means an illness characterized by the diseases and conditions defined and described by the Centers for Disease Control, U.S. Public Health Services, Morbidity and Mortality Weekly Report (MMR), August 14, 1987, Volume 36, Number 1S.

(2) "AIDS counseling" means counseling directed toward:

(a) Increasing the individual's understanding of acquired immunodeficiency syndrome; and

(b) Assessing the individual's risk of HIV acquisition and transmission; and

(c) Affecting the individual's behavior in ways to reduce the risk of acquiring and transmitting HIV infection.

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

(4) "Carrier" means a person harboring a specific infectious agent and serving as a potential source of infection to others, but who may or may not have signs and/or symptoms of the disease.

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

(6) "Category A disease or condition" means a reportable disease or condition of urgent public health importance, a case or suspected case of which must be reported to the local or state health officer immediately at the time of diagnosis or suspected diagnosis.

(7) "Category B disease or condition" means a reportable disease or condition of public health importance, a case of which must be reported to the local health officer no later than the next working day following date of diagnosis.

(8) "Category C disease or condition" means a reportable disease or condition of public health importance, a case of which must be reported to the local health officer within seven days of diagnosis.

(9) "Child day care facility" means an agency regularly providing care for a group of children for less than twenty-four hours a day and subject to licensing under chapter 74.15 RCW.

(10) "Communicable disease" means an illness caused by an infectious agent which can be transmitted from one person, animal, or object to another person by direct or indirect means including transmission via an intermediate host or vector, food, water, or air.

(11) "Contact" means a person exposed to an infected person, animal, or contaminated environment which might provide an opportunity to acquire the infection.

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

(13) "Detention" or "detainment" means physical restriction of activities of an individual by confinement, consistent with WAC 248-100-206(8), for the purpose of monitoring and eliminating behaviors presenting imminent danger to public health and may include physical plant, facilities, equipment, and/or personnel to physically restrict activities of the individual to accomplish such purposes.

(14) "Food handler" means any person preparing, processing, handling, or serving food or beverages for people other than members of his or her household.

(15) "Food service establishment" means any establishment where food or beverages are prepared for sale or 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.

(16) "Health care facility" means:

(a) Any facility or institution licensed under chapter 18.20 RCW, boarding home, chapter 18.46 RCW, maternity homes, chapter 18.51 RCW, nursing homes, chapter 70.41 RCW, hospitals, or chapter 71.12 RCW, private establishments, clinics, or other settings where one or more health care providers practice; and

(b) In reference to a sexually transmitted disease, other settings as defined in chapter 70.24 RCW.

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

(a) Licensed or certified in this state under Title 18 RCW; or

(b) Is military personnel providing health care within the state regardless of licensure.

(18) "HIV testing" means conducting a laboratory test or sequence of tests to detect the human immunodeficiency virus (HIV) or antibodies to HIV performed in accordance with requirements to WAC 248-100-207.

(19) "Infection control measures" means the management of infected persons, persons suspected to be infected, and others in such a manner as to prevent transmission of the infectious agent.

(20) "Isolation" means the separation or restriction of activities of infected persons, or of persons suspected to be infected, from other persons to prevent transmission of the infectious agent.

(21) "Laboratory director" means the director or manager, by whatever title known, having the administrative responsibility in any medical laboratory.

(22) "Local health department" means the city, town, county, or district agency providing public health services to persons within the area, as provided in chapter 70.05 RCW and chapter 70.08 RCW.

(23) "Local health officer" means the individual having been appointed under chapter 70.05 RCW as the health officer for the local health department, or having been appointed under chapter 70.08 RCW as the director of public health of a combined city-county health department.

(24) "Medical laboratory" means any facility analyzing specimens of original material from the human body for purposes of patient care.

(25) "Nosocomial infection" means an infection acquired in a hospital or other health care facility.

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

(27) "Post-test counseling" means counseling after the HIV test when results are provided and directed toward:

(a) Increasing the individual's understanding of human immunodeficiency virus (HIV) infection;

(b) Affecting the individual's behavior in ways to reduce the risk of acquiring and transmitting HIV infection;

(c) Encouraging the individual testing positive to notify persons with whom there has been contact capable of spreading HIV;

(d) Assessing emotional impact of HIV test results; and

(e) Appropriate referral for other community support services.

(28) "Pretest counseling" means counseling provided prior to HIV testing and aimed at:

(a) Helping an individual to understand:

(i) Ways to reduce the risk of human immunodeficiency virus (HIV) transmission;

(ii) The nature, purpose, and potential ramifications of HIV testing;

(iii) The significance of the results of HIV testing; and

(iv) The dangers of HIV infection; and

(b) Assessing the individual's ability to cope with the results of HIV testing.

(29) "Principal health care provider" means the attending physician or other health care provider recognized as primarily responsible for diagnosis and treatment of a patient or, in the absence of such, the health care provider initiating diagnostic testing or therapy for a patient.

(30) "Quarantine" means the separation or restriction on activities of a person having been exposed to or infected with an infectious agent, to prevent disease transmission.

(31) "Reportable disease or condition" means a disease or condition of public health importance, a case of which, and for certain diseases, a suspected case of which, must be brought to the attention of the local health officer.

(32) "School" means a facility for programs of education as defined in RCW 28A.31.102 (preschool and kindergarten through grade twelve).

(33) "Sexually transmitted disease (STD)" means a bacterial, viral, fungal, or parasitic disease or condition

which is usually transmitted through sexual contact, including:

(a) Acute pelvic inflammatory disease;

(b) Chancroid;

(c) Chlamydia trachomatis infection;

(d) Genital and neonatal herpes simplex;

(e) Genital human papilloma virus infection;

(f) Gonorrhea;

(g) Granuloma inguinale;

(h) Hepatitis B infection;

(i) Human immunodeficiency virus infection (HIV) and acquired immunodeficiency syndrome (AIDS);

(j) Lymphogranuloma venereum;

(k) Nongonococcal urethritis (NGU); and

(l) Syphilis.

(34) "State health officer" means the person designated by the secretary of the department to serve as statewide health officer, or, in the absence of such designation, the person having primary responsibility for public health matters in the state.

(35) "Suspected case" means a person whose diagnosis is thought likely to be a particular disease or condition with suspected diagnosis based on signs and symptoms, laboratory evidence, or both.

(36) "Unusual communicable disease" means a communicable disease which is not commonly seen in the state of Washington but which is of general public health concern including, but not limited to, Lassa fever, smallpox, typhus, and yellow fever.

(37) "Veterinarian" means an individual licensed under provisions of chapter 18.92 RCW, veterinary medicine, surgery, and dentistry and practicing animal health care.

[Statutory Authority: Chapter 70.24 RCW. 88-17-057 (Order 317), § 248-100-011, filed 8/17/88. Statutory Authority: RCW 43.20.050. 88-07-063 (Order 308), § 248-100-011, filed 3/16/88; 87-11-047 (Order 302), § 248-100-011, filed 5/19/87.]

WAC 248-100-015 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-016 Confidentiality. Identifying information about any individual with a reportable disease or condition pursuant to chapter 248-100 WAC shall be protected by persons with knowledge of such identity.

(1) Health care providers, employees of a health care facility or medical laboratory, and other individuals with knowledge of a person with sexually transmitted disease may disclose identity of a person or release identifying information only as specified in RCW 70.24.105.

(2) Health care providers, employees of a health care facility or medical laboratory, and other individuals with knowledge of a person with a reportable disease or condition, other than those specified in subsection (1) of this section, shall release identifying information only to other individuals responsible for protecting the health and well being of the public through control of communicable and certain other diseases.

(3) Local and state health department personnel shall maintain individual case reports as confidential records consistent with WAC 248-100-091.

(4) The Washington state public health laboratory, other laboratories approved as public health referral laboratories, and any persons, institutions, or facilities submitting specimens or records containing patient identifying information shall maintain the identifying information accompanying submitted laboratory specimens as confidential records.

(5) Statistical summaries and epidemiologic studies based on individual case reports may be public information provided no individual is identified.

[Statutory Authority: Chapter 70.24 RCW, 88-21-093 (Order 322), § 248-100-016, filed 10/19/88; 88-17-057 (Order 317), § 248-100-016, filed 8/17/88. Statutory Authority: RCW 43.20.050, 87-11-047 (Order 302), § 248-100-016, filed 5/19/87.]

WAC 248-100-020 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-021 Responsibilities and duties--Health care providers. Every health care provider, as defined in chapter 248-100 WAC, shall:

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

- (a) Each patient with a communicable disease under his or her care,
- (b) Family of a patient with a communicable disease,
- (c) Contacts and others as appropriate to prevent spread of disease.

(2) Ensure notification of the local health officer or local health department regarding:

(a) Cases of reportable diseases and conditions. See WAC 248-100-071, 248-100-076, and 248-100-081;

(b) Outbreaks or suspected outbreaks of disease. See WAC 248-100-071, 248-100-076, and 248-100-081;

(c) Known barriers which might impede or prevent compliance with orders for infection control or quarantine; and

(d) Name, address, and other pertinent information for any case or carrier refusing to comply with prescribed infection control measures.

(3) Cooperate with public health authorities during investigation of:

(a) Circumstances of a case or suspected case of a reportable disease or condition or other communicable disease, and

(b) An outbreak or suspected outbreak of illness.

(4) Comply with requirements in WAC 248-100-206 and 248-100-211.

[Statutory Authority: RCW 43.20.050, 87-11-047 (Order 302), § 248-100-021, filed 5/19/87.]

WAC 248-100-025 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-026 Responsibilities and duties--Veterinarians. (1) Veterinarians shall:

(a) Notify the local health officer of any human case, suspected case, outbreak, or suspected outbreak of reportable disease listed in WAC 248-100-076;

(b) Notify the state veterinarian, Washington state department of agriculture, within one working day of any animal case, suspected case, outbreak, or suspected outbreak of:

- (i) Anthrax,
- (ii) Brucellosis,
- (iii) Equine encephalitis,
- (iv) Plague,
- (v) Rabies,
- (vi) Psittacosis, and
- (vii) Tuberculosis.

(2) Upon receipt of a report of human disease, the state health officer shall immediately notify the state veterinarian of reports of:

- (a) Anthrax,
- (b) Brucellosis,
- (c) Psittacosis,
- (d) Equine encephalitis,
- (e) Plague,
- (f) Rabies, and
- (g) Tuberculosis in an animal handler.

(3) Upon receipt of a report of animal disease, the state veterinarian shall notify the state health officer of reports of:

- (a) Anthrax,
- (b) Brucellosis excluding Strain 19 disease,
- (c) Psittacosis,
- (d) Equine encephalitis,
- (e) Plague,
- (f) Rabies, and
- (g) Tuberculosis.

[Statutory Authority: RCW 43.20.050, 88-07-063 (Order 308), § 248-100-026, filed 3/16/88.]

WAC 248-100-030 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-031 Responsibilities and duties--Laboratory directors. The director of each medical laboratory in the state shall:

(1) Register the laboratory with the department as described in WAC 248-100-221.

(2) Submit microbiologic cultures or subcultures or appropriate clinical material to the Washington state public health laboratory or other laboratory designated by the state health officer, as described in WAC 248-100-231.

(3) Report to the local health officer or state health officer certain positive test results, as described in WAC 248-100-236.

(4) Cooperate with local and state health department personnel in the investigation of an outbreak, suspected outbreak, case, suspected case, carrier, or contact of a communicable disease or reportable disease or condition, as described in WAC 248-100-241.

[Statutory Authority: RCW 43.20.050, 87-11-047 (Order 302), § 248-100-031, filed 5/19/87.]

WAC 248-100-035 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-036 Responsibilities and duties--Local health officers. (1) The local health officer shall review and determine appropriate action for:

- (a) Each reported case or suspected case of a reportable disease or condition;
- (b) Any disease or condition considered a threat to public health;
- (c) Each reported outbreak or suspected outbreak of disease, requesting assistance from the department in carrying out investigations when necessary; and
- (d) Instituting disease prevention and infection control, isolation, detention, and quarantine measures necessary to prevent the spread of communicable disease, invoking the power of the courts to enforce these measures when necessary.

(2) Local health officers shall:

- (a) Submit reports to the state health officer as required in chapter 248-100 WAC;
- (b) Establish a system at the local health department for maintaining confidentiality of written records and written and telephoned disease case reports consistent with WAC 248-100-016;
- (c) Notify health care providers within the health district regarding requirements in this chapter;
- (d) Distribute appropriate report forms to persons responsible for reporting;
- (e) Notify the principal health care provider, if possible, prior to initiating a case investigation by the local health department;
- (f) Make HIV testing, AIDS counseling, and pretest and post-test counseling, as defined in this chapter, available for voluntary, mandatory, and anonymous testing and counseling as required by RCW 70.24.400;
- (g) Make information on anonymous HIV testing, AIDS counseling, and pretest and post-test counseling, as described under WAC 248-100-208 and 248-100-209, available;
- (h) Use identifying information on HIV-infected individuals provided according to WAC 248-100-072 only:
 - (i) For purposes of contacting the HIV-positive individual to provide test results and post-test counseling; or
 - (ii) To contact sex and injection equipment-sharing partners; and

(i) Destroy documentation of referral information established in WAC 248-100-072 and this subsection containing identities and identifying information on HIV-infected individuals and at-risk partners of those individuals immediately after notifying partners or within three months, whichever occurs first.

(3) Each local health officer has the authority to:

- (a) Carry out additional steps determined to be necessary to verify a diagnosis reported by a health care provider;
- (b) Require any person suspected of having a reportable disease or condition to submit to examinations required to determine the presence of the disease or condition; and
- (c) Investigate any case or suspected case of a reportable disease or condition or other illness, communicable or otherwise, if deemed necessary.

(4) Local health officers shall conduct investigations and institute control measures consistent with those indicated in the fourteenth edition (1985) of *Control of Communicable Diseases in Man*, edited by Abram S. Benenson, published by the American public health association, except:

- (a) When superseded by more up-to-date measures, or
- (b) When other measures are more specifically related to Washington state.

[Statutory Authority: Chapter 70.24 RCW. 89-02-008 (Order 324), § 248-100-036, filed 12/27/88. Statutory Authority: RCW 43.20.050. 88-07-063 (Order 308), § 248-100-036, filed 3/16/88.]

WAC 248-100-040 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-041 Responsibilities and duties--State health officer. (1) The state health officer shall have authority to:

(a) Require reporting of cases and suspected cases of disease and conditions in addition to those required in WAC 248-100-076 for a period of time less than thirty-six months when:

- (i) The disease or condition is newly recognized or recently acknowledged as a public health concern, and
- (ii) Epidemiologic investigation based on reports of cases may contribute to understanding of the disease or condition, and
- (iii) Written notification is provided to all local health officers regarding:

(A) Additional reporting requirements, and
(B) Rationale or justification for specifying the disease or condition as reportable.

(b) Require laboratories to submit specimens indicative of infections in addition to those required in WAC 248-100-231 for a period of time less than thirty-six months, provided:

- (i) The infection is of public health concern, and
- (ii) Written notification is provided to all local health officers and all directors of medical laboratories registered as described in WAC 248-100-221 explaining:

(A) Actions required, and
(B) Reason for the addition.

(2) The state health officer's authorization to require reporting of cases or submission of laboratory specimens, other than those specified in WAC 248-100-076 and 248-100-231, shall expire thirty-six months from the date of written notification of local health officers and laboratory directors unless amended rules are adopted by the state board of health.

(3) The state health officer shall distribute periodic epidemiologic summary reports and an annual review of public health issues to local health officers and local health departments.

[Statutory Authority: RCW 43.20.050. 87-11-047 (Order 302), § 248-100-041, filed 5/19/87.]

WAC 248-100-045 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-046 Responsibilities and duties--Cases, suspected cases, carriers, contacts, and others. (1) Persons shall cooperate with public health personnel during:

(a) Investigation of the circumstances of a case, suspected case, outbreak, or suspected outbreak of a communicable or other disease or condition; and

(b) Implementation of infection control measures, including isolation and quarantine measures.

(2) Individuals having knowledge of a person with a reportable disease or condition may notify the local health officer as described in WAC 248-100-071.

[Statutory Authority: RCW 43.20.050. 87-11-047 (Order 302), § 248-100-046, filed 5/19/87.]

WAC 248-100-050 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-055 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-060 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-065 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-070 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-071 Responsibility for reporting to and cooperating with the local health department. (1) A principal health care provider in attendance on a case of any reportable disease or condition shall report the case to the local health department as required in this chapter.

(2) Other health care providers in attendance on a case of a reportable disease or condition shall report the case to the local health department unless the case has already been reported.

(3) Health care facilities where more than one health care provider may be in attendance on a case of a reportable disease or condition may establish administrative procedures to assure forwarding of reports to the local health department without duplication. Neither the submission of a specimen to a public health laboratory as required in WAC 248-100-231 nor the laboratory reporting a positive test result as required in WAC 248-100-236 relieves the principal health care provider or health care facility from responsibility for reporting to the local health department.

(4) Individuals knowing about a person suspected to have any reportable disease or condition may report the name, other identifying information, and other known information described in WAC 248-100-081 to the local health department.

(5) School principals, school nurses, and day care center operators knowing of a case or suspected case of a reportable disease or condition in the school or center shall notify the local health department.

(6) Each school teacher and day care worker knowing of a case or suspected case of a reportable disease or condition shall report the name and other identifying information to the principal, school nurse, or day care center operator.

(7) Medical laboratories shall report laboratory evidence of certain reportable diseases to the local or state health department as described in WAC 248-100-236.

(8) Health care providers, health care facilities, laboratory directors, and individuals shall cooperate with the local health officer in the investigation of a case or suspected case of a reportable disease or condition, and shall, when requested by the local health officer, provide in a timely manner any information related to the clinical, laboratory, and epidemiologic circumstances of the case or suspected case.

[Statutory Authority: RCW 43.20.050. 87-11-047 (Order 302), § 248-100-071, filed 5/19/87.]

WAC 248-100-072 Rules for notification of partners at-risk of HIV infection. (1) A health care provider may consult with the local health officer or an authorized representative about an HIV-infected individual without identifying the individual.

(2) Only under the specific circumstances listed below, a principal health care provider shall report the identity of sex or injection equipment-sharing partners of an HIV-infected individual to the local health officer or an authorized representative:

(a) After being informed of the necessity to notify sex and injection-equipment sharing partners, the HIV-infected individual either refuses or is unable to notify partners that partners:

(i) May have been exposed to and infected with HIV; and

(ii) Should seek HIV-pretest counseling and consider HIV testing; and

(b) The HIV-infected individual neither accepts assistance nor agrees to referral to the local health officer or an authorized representative for assistance in notifying partners.

(3) Only in the specific circumstances listed below, a principal health care provider shall report the identity of an individual with a positive HIV test result to the local health officer or an authorized representative:

(a) The principal health care provider provided pretest counseling as described in WAC 248-100-209(1) before the individual was tested; and

(b) The principal health care provider made efforts, but was unable to meet face-to-face with the individual to notify the individual of the HIV-test result and to provide post-test counseling as required in WAC 248-100-209 in order to assure partner notification.

(4) A health care provider shall not disclose the identity of an HIV-infected individual or the identity of sex and injection equipment-sharing partners at risk of HIV infection, except as authorized in RCW 70.24.105, WAC 248-100-072, or 248-100-076.

(5) Local health officers and authorized representatives shall:

(a) Confirm conditions in subsections (2) and (3) of this section were met prior to initiating partner notification or receiving referral of identity of an HIV-infected individual; and

(b) Use identifying information, provided according to this section, on HIV-infected individuals only for contacting the HIV-infected individual to provide post-test counseling or to contact sex and injection equipment-sharing partners; and

(c) Destroy documentation of referral information established under this subsection, containing identities and identifying information on the HIV-infected individual and at-risk partners of that individual, immediately after notifying partners or within three months of the date information was received, whichever occurs first.

[Statutory Authority: Chapter 70.24 RCW. 89-02-008 (Order 324), § 248-100-072, filed 12/27/88.]

WAC 248-100-075 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-076 Reportable diseases and conditions. (1) The following diseases and conditions shall be reported as individual case reports to the local health department in accordance with requirements and procedures described throughout chapter 248-100 WAC:

(a) Category A diseases require an immediate report at the time a case is suspected or diagnosed and include:

- (i) Anthrax,
- (ii) Botulism (including food-borne, infant, and wound),
- (iii) Cholera,
- (iv) Diphtheria, noncutaneous,
- (v) Measles (rubeola),
- (vi) Paralytic shellfish poisoning,
- (vii) Plague,
- (viii) Poliomyelitis, and
- (ix) Rabies.

(b) Category B diseases or conditions require a case report within one day of diagnosis and include:

- (i) Brucellosis,
- (ii) Gastroenteritis of suspected food-borne or waterborne origin,
- (iii) Hemophilus influenzae invasive disease (excluding otitis media) in children age five years and under,
- (iv) Hepatitis A and B, acute,
- (v) Leptospirosis,
- (vi) Listeriosis,
- (vii) Meningococcal disease,
- (viii) Paratyphoid fever (see salmonellosis),
- (ix) Pertussis,
- (x) Rubella, including congenital,
- (xi) Salmonellosis, including paratyphoid fever and typhoid fever,
- (xii) Shigellosis,
- (xiii) Syphilis—primary, secondary, or congenital (for other, see Category C),
- (xiv) Typhoid fever, including carrier (see salmonellosis),
- (xv) Unusual communicable disease (see definition WAC 248-100-011).

(c) Category C diseases or conditions require a case report within seven days of diagnosis and include:

(i) Acquired immunodeficiency syndrome (AIDS) and class IV human immunodeficiency virus (HTLV III or LAV diseases classified by centers for disease control, United States public health service, MMWR, 5/23/86),

- (ii) Amebiasis,
- (iii) Campylobacteriosis,
- (iv) Chancroid,
- (v) Chlamydia trachomatis infection,
- (vi) Ecoli 0157:H7 infection,
- (vii) Encephalitis, viral,
- (viii) Giardiasis,
- (ix) Gonorrhea,
- (x) Granuloma inguinale,
- (xi) Herpes simplex, initial genital infection,
- (xii) Herpes simplex, neonatal,
- (xiii) Hepatitis non-A, non-B, and unspecified,
- (xiv) Kawasaki syndrome,
- (xv) Legionellosis,
- (xvi) Leprosy (Hansen's disease),
- (xvii) Lyme disease,
- (xviii) Lymphogranuloma venereum,
- (xix) Malaria,
- (xx) Mycobacteriosis, including tuberculosis,
- (xxi) Mumps,
- (xxii) Nongonococcal urethritis,
- (xxiii) Pelvic inflammatory disease, acute,
- (xxiv) Pseudomonas folliculitis of suspected waterborne origin,
- (xxv) Psittacosis,
- (xxvi) Q fever,
- (xxvii) Relapsing fever (borreliosis),
- (xxviii) Reye Syndrome,
- (xxix) Rheumatic fever,
- (xxx) Rocky mountain spotted fever,
- (xxxi) Syphilis—other (see also Category B),
- (xxxii) Tetanus,
- (xxxiii) Tick paralysis,
- (xxxiv) Toxic shock syndrome,
- (xxxv) Trichinosis,
- (xxxvi) Tuberculosis,
- (xxxvii) Tularemia,
- (xxxviii) Vibriosis,
- (xxxix) Yersiniosis, and
- (xxxx) Severe adverse reaction to immunization.

(2) Any cluster or pattern of cases, suspected cases, deaths, or increased incidence of any disease or condition beyond that expected in a given period which may indicate an outbreak, epidemic, or related public health hazard shall be reported immediately by telephone to the local health officer. Such patterns include, but are not limited to, suspected or confirmed outbreaks of food borne or waterborne disease, chickenpox, influenza, viral meningitis, nosocomial infection suspected due to contaminated products or devices, or environmentally related disease.

(3) Local health officers may require reporting of additional diseases and conditions.

[Statutory Authority: RCW 43.20.050. 87-11-047 (Order 302), § 248-100-076, filed 5/19/87.]

WAC 248-100-080 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-081 Reports--Content--Time--Hospital monthly report permitted for certain diseases.

(1) Health care providers, health care facilities, and others as required in chapter 248-100 WAC shall report each case of a reportable disease or condition (Category A, B, and C), to the local health officer including the following information:

- (a) Name,
- (b) Address,
- (c) Age,
- (d) Sex,
- (e) Diagnosis or suspected diagnosis of disease or condition,
- (f) Identity of the principal health care provider (minimally first and last name), and
- (g) Name and address or telephone number of the person providing the report.

(2) Local health officers may require other information of epidemiologic or public health value including but not limited to:

- (a) Immunization status,
- (b) History and circumstances of possible exposure or source,
- (c) Identity of contacts at risk for disease, if known,
- (d) Occupation, school, or day care of case,
- (e) Date of onset of disease or condition, and
- (f) Race.

(3) Health care providers, health care facilities, and others required in chapter 248-100 WAC to report cases of disease or conditions shall:

- (a) Immediately telephone the report of each case or suspected case of Category A disease or condition, WAC 248-100-076, to the local health department,
- (b) Telephone a report of Category B disease or condition, WAC 248-100-076, to the local health department no later than one working day following diagnosis,
- (c) Submit a written report of each Category C disease or condition, WAC 248-100-076, to the local health department within seven days of diagnosis including:
 - (i) Completion of an individual case report form provided or approved by the local health department, or
 - (ii) A telephone report if:
 - (A) Telephone reports are approved by the local health officer; and
 - (B) The local health officer assumes responsibility for completion of the written case report form.

(4) Hospitals may:

- (a) Elect a monthly reporting system only for certain category C diseases or conditions including:
 - (i) Chlamydia trachomatis infection;
 - (ii) Kawasaki syndrome;
 - (iii) Leprosy (Hansen's disease);
 - (iv) Mumps;
 - (v) Mycobacteriosis, excluding tuberculosis;
 - (vi) Pelvic inflammatory disease, acute including those diseases classified as pelvic inflammatory disease

in international classification of diseases, 9th revision, clinical modification, volume I and II, 1980;

- (vii) Reye syndrome; and
- (viii) Toxic shock syndrome.
- (b) Be waived from requirements to report:
 - (i) Initial genital herpes simplex infection,
 - (ii) Nongonococcal urethritis, and
 - (iii) Pseudomonas folliculitis of suspected waterborne origin.
- (5) Hospitals shall:
 - (a) Report immediately by telephone any outbreak or suspected outbreak (see WAC 248-100-076).
 - (b) Include in monthly reports permitted only for certain diseases specified in subsection (4) of this section, at least:
 - (i) Name of case,
 - (ii) Date of admission or outpatient visit, and
 - (iii) Name of principal health care provider.

(6) Principal health care providers shall report each case of disease or condition, including those listed in subsection (4) of this section within seven days of diagnosis and as specified in subsection (3) of this section.

[Statutory Authority: RCW 43.20.050. 87-11-047 (Order 302), § 248-100-081, filed 5/19/87.]

WAC 248-100-085 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-086 Reporting diseases and conditions directly to department. (1) Health care providers and health care facilities shall telephone reports directly to the department when:

- (a) A local health department is closed at the time a case or suspected case of a category A reportable disease occurs, and
- (b) A local health department is closed at the time an outbreak or suspected outbreak occurs (see WAC 248-100-076).

(2) The twenty-four hour department telephone number for reporting diseases or conditions is (206) 361-2914 or SCAN 245-2914.

[Statutory Authority: RCW 43.20.050. 87-11-047 (Order 302), § 248-100-086, filed 5/19/87.]

WAC 248-100-090 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-091 Handling of reports by local health department--Handling of reports by department. (1) The local health officer or local health department shall:

- (a) Notify the department immediately by telephone of any report of a case or suspected case of a category A disease or condition,
- (b) Submit a department-approved individual case report form for each case of any reportable disease or condition to the department within seven days of completing the investigation and report. (The state health officer may waive the requirement to submit an individual case report if pertinent information was provided by phone.)

(c) Submit a written report on forms approved by the department for a cluster or outbreak of food borne or waterborne disease within seven days of completing the investigation. (The state health officer may waive the requirements to submit a written report if pertinent information was provided to the department by phone.)

(d) Maintain confidentiality procedures related to disclosure of identity of cases and suspected cases as specified in subsection (2) of this section.

(2) The state health officer and designees shall establish and maintain confidentiality procedures related to employee handling of all reports of cases and suspected cases, prohibiting disclosure of report information identifying an individual case or suspected cases except:

(a) To employees of the local health department, or other official agencies needing to know for the purpose of administering public health laws,

(b) To health care providers, specific designees of health care facilities, laboratory directors, and others for the purpose of collecting additional information about a case or suspected case as required for disease prevention and control.

[Statutory Authority: RCW 43.20.050, 87-11-047 (Order 302), § 248-100-091, filed 5/19/87.]

WAC 248-100-095 Repealed. See Disposition Table at beginning of this chapter.

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

WAC 248-100-105 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-110 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-115 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-120 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-125 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-130 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-135 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-140 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-145 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-150 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-155 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-160 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-163 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-164 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-166 Immunization of day care and school children against certain vaccine-preventable diseases. (1) Definitions for purposes of this section:

(a) "Certificate of immunization status (CIS) form" means a form provided by the department labeled DSHS 13-263, including data entry spaces for immunization information including:

- (i) Name of child or student,
- (ii) Birth date,
- (iii) Sex,
- (iv) Type of vaccine,
- (v) Date of each dose of vaccine received specifying day, month, and year,
- (vi) Signature of parent, legal guardian, or adult in loco parentis, and
- (vii) Documented exemptions, if applicable and as specified in subsection (5) of this section.

(b) "Chief administrator" means:

- (i) The person with the authority and responsibility for the immediate supervision of the operation of a school, day care center, or
- (ii) A designee of the chief administrator assigned in writing to carry out the requirements of RCW 28A.31-.118 through the statutory or corporate board of directors of the school district or school, or

(iii) Person or persons with the authority and responsibility for the general supervision of the operation of the school district or school.

(c) "Child" means any person regardless of age admitted to any day care center, preschool, kindergarten, or grades one through twelve program of education in:

- (i) Any public school district, or
- (ii) Any private school or private institution subject to approval by the state board of education or described in RCW 28A.04.120(4) and 28A.02.201 through 28A.02.260.

(d) "Full immunization" means vaccinated in accordance with schedules and immunizing agents approved by the state board of health in WAC 248-100-166 against:

- (i) Diphtheria,
- (ii) Tetanus,
- (iii) Pertussis or whooping cough,
- (iv) Measles or rubeola,
- (v) Rubella,
- (vi) Mumps, and
- (vii) Poliomyelitis.

(e) "Immunizing agents" means any vaccine or other biologic licensed and approved by the bureau of biologics, United States Food and Drug Administration (FDA), for immunization of persons against:

- (i) Diphtheria, tetanus, pertussis (DTP, DT, Td);
 - (ii) Measles;
 - (iii) Mumps;
 - (iv) Poliomyelitis, types I, II, and III (TOPV, IPV); and
 - (v) Rubella;
- (f) "National immunization guidelines" means schedules for immunization described in:

- (i) 1986 American Academy of Pediatrics (AAP) red book; or
- (ii) Advisory Committee on Immunization Practices (ACIP) on General Recommendations on Immunization, January 14, 1983; and
- (iii) *New Recommended Schedule for Active Immunization of Normal Infants and Children, 9/19/86*, Advisory Committee on Immunization Practices (ACIP), United States public health service.

(g) "Parent" means a person who is:

- (i) The mother, father, legal guardian, or designated caretaker of a child seventeen years of age or younger; or
- (ii) A person eighteen years of age or older; or
- (iii) An emancipated minor.

(h) "Transfer student" means a student previously enrolled in grades kindergarten through twelve moving from one school district or system to another at any time during the school year, excluding students transferring within a district or system when the school transfers records within the district.

(2) Full immunization schedule. Each day care, pre-school, and school shall establish and maintain requirements for full immunization of children attending day care and preschool through grade twelve.

(3) For day care and preschool children, full immunization means a child received vaccines consistent with the National Immunization Guidelines defined in subsection (1) of this section and including:

- (i) DTP, DT, or Td;
- (ii) Polio;
- (iii) Measles;
- (iv) Mumps; and
- (v) Rubella.

(4) For a child commencing school entry (kindergarten or first grade) attendance, on or after August 1, 1988, full immunization means a child received vaccines as follows:

(a) A minimum of four doses of either DTP, DT, or Td with last dose after four years of age and excluding tetanus toxoid only, consistent with national immunization guidelines defined in subsection (1) of this section, or

(b) Three doses of Td excluding tetanus toxoid only if the series began at seven years of age or older, and

(c) A minimum of three doses of trivalent oral poliomyelitis vaccine (TOPV) or four doses of trivalent inactivated poliomyelitis vaccine (IPV) with last dose

received after four years of age and consistent with national immunization guidelines defined in subsection (1) of this section, and

(d) One dose of live virus measles vaccine at or after one year of age unless a child provides proof of past infection with measles virus (an acceptable measles virus antibody titer result), and

(e) One dose of live virus rubella vaccine at or after one year of age unless a child provides proof of past infection with rubella virus (an acceptable rubella antibody titer result), and

(f) One dose of live virus mumps vaccine administered at or after one year of age for children in kindergarten or first grade, whichever is the entry level.

(5) For a child who commenced kindergarten or first grade school attendance before August 1, 1988, and for transfer students, full immunization means a child received vaccines as follows:

(a) A minimum of three doses of either DTP, DT, or Td, with the last dose after four years of age and excluding tetanus toxoid only, consistent with national immunization guidelines defined in subsection (1) of this section; or

(b) Three doses of Td, excluding tetanus toxoid only, if the series began at seven years of age or older; and

(c) A minimum of three doses of trivalent oral poliomyelitis vaccine (TOPV), or four doses of trivalent inactivated poliomyelitis vaccine (IPV) with the last dose received after four years of age and consistent with national immunization guidelines defined in subsection (1) of this section; and

(d) One dose of live virus measles vaccine at or after one year of age unless a child provides written proof from a physician of past infection with measles virus documenting month and year of disease occurrence; and

(e) One dose of live virus rubella vaccine at or after one year of age unless a child provides proof of past infection with rubella virus (an acceptable rubella antibody titer result); and

(f) One dose of live virus mumps vaccine administered at or after one year of age for children in kindergarten or first grade, whichever is entry level.

(6) Conditions for day care, preschool, and school attendance when a child is not fully immunized:

(a) When a child lacks full immunization, the day care, preschool, or school shall require satisfactory progress toward full immunization as a condition of school attendance including:

(i) Documented proof of start or continuance of child's schedule of immunization;

(ii) Assurance the scheduled immunization is consistent with the national immunization guidelines defined in subsection (1) of this section;

(iii) Proof of completion of the required immunization or immunizations for admission the following year, no later than the child's first day of attendance; and

(iv) Issuance of an order of exclusion as described in subsection (10) of this section if:

(A) Sufficient time for completion of required immunizations elapses, and

(B) The child has not completed the required immunizations in time.

(b) When immunization schedules are incomplete due to insufficient time, the chief administrator shall:

(i) Notify the child's parents of when the schedule must be completed, and

(ii) Issue an order of exclusion if not completed by that date.

(7) Schools, preschools, and day care centers shall require documented proof related to immunization including:

(a) Completion of a certificate of immunization status (CIS) form by a parent as documented proof of:

(i) Full immunization, or

(ii) Initiation or continuation of a schedule, or

(iii) Exemption.

(b) Information from a written personal immunization record, given to the immunized person or to his or her parent by the physician or agency administering the immunization, as the source of the immunization data entered on the CIS form and prohibiting substitution of a personal immunization record for a CIS form;

(c) Acceptance of only the revised CIS form from new enrollees registering in kindergarten through grade twelve;

(d) In addition to current CIS form, acceptance of previous CIS forms, DSHS 13-263, or locally developed forms approved by the department indicating the month and year of each immunization as the official immunization status for children enrolled prior to September 1, 1979; and

(e) No additional proof of immunization as a condition to attend a particular day care, preschool, or school if the school keeps the CIS or other department-approved forms for children verifying:

(i) Proof of full immunization, or

(ii) Proof of exemption from immunization.

(8) Schools, preschools, and day care centers shall accept medical exemptions and:

(a) Require a signature of a licensed physician to certify medical reasons to defer one or more immunizations on the CIS form;

(b) Admit children and keep on file a CIS form for children with:

(i) Temporary exemption from immunization for medical reasons if the required immunizations are received upon expiration of the exemption, or

(ii) Permanent exemptions.

(c) Include a statement on the CIS form informing the parent that should an outbreak of vaccine preventable disease for which the child is exempted occur, the child may be excluded from school or day care for the duration of the outbreak by order of the local health department as described in subsection (10) of this section; and

(d) Keep on file a list of children so exempted and transmit the list to the local health department if requested.

(9) Schools, preschools, and day care centers shall accept religious, philosophical or personal exemptions and:

(a) Allow a parent to exempt their child from the required immunizations for religious, philosophical, or personal objections when the CIS form indicates:

(i) Type or exemption, and

(ii) Signature of parent.

(b) Admit children and keep on file a CIS form for each child so enrolled;

(c) Include a statement on the CIS form informing the parent that should an outbreak of vaccine preventable disease for which the child is exempted occur, the child may be excluded from school for the duration of the outbreak by order of the local health department as described in subsection (10) of this section; and

(d) Keep on file a list of children so exempted and transmit the list to the local health department if requested.

(10) Schools, preschools, and day care centers shall exclude children from school as follows:

(a) Exclude any child from school for failure to provide a completed CIS form as defined in subsection (1) of this section before or on the child's first day of attendance consistent with procedures required by the state board of education, Title 180 WAC;

(b) Exclude from attendance any child in a day care center for failure to provide a completed CIS form as defined in subsection (1) of this section before or on the child's first day of attendance;

(c) The chief administrator shall retain records on excluded children for at least three years including:

(i) Name,

(ii) Address, and

(iii) Date of exclusion.

(d) A health officer may exclude children from school, preschool, and day care attendance in the event of a child's exposure to a disease according to chapter 248-101 WAC, including children presenting proof of:

(i) Initiation of a schedule of immunization,

(ii) Medical exemption,

(iii) Religious exemption,

(iv) Philosophical exemption, or

(v) Personal exemption.

(11) Schools, preschools, and day care centers shall maintain records and require:

(a) A completed CIS form retained in the files for every child enrolled;

(b) Return of records to the parent in the event of the child's withdrawal from school or transfer including:

(i) The original CIS form; or

(ii) A legible copy of the CIS form; and

(iii) Prohibiting withholding of a record for nonpayment of school, preschool, or day care fees or any other reason.

(c) Access to immunization records for each child enrolled by agents of the state or local health department.

(12) Persons or organizations administering immunizations, either public or private, shall:

(a) Furnish each person immunized, or his or her parent, with a written record of immunization containing information required by the state board of health; and

(b) Provide immunizations and records in accordance with chapter 248-100 WAC.

(13) Chief administrators of schools, preschools, and day care centers shall report as follows:

(a) The chief administrator of each school shall forward a written annual report to the department and local health department on the immunization status of children in school:

(i) By October 15 of each year, except in the event of a late school opening when the report is due thirty days after the first day of school; and

(ii) On forms provided by the department.

(b) The chief administrator of each preschool and day care center shall forward a written annual report to the department and local health department on the immunization status of children in preschool or day care on forms provided by the department.

[Statutory Authority: RCW 43.20.050. 88-07-063 (Order 308), § 248-100-166, filed 3/16/88.]

WAC 248-100-170 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-171 Special settings--Food service establishments. (1) Food handlers with communicable disease in an infectious or carrier state shall not handle food or beverages if the infectious agent can be transmitted through food or beverages.

(2) Employers or persons in charge of food service establishments shall prohibit persons from work as food handlers with a known disease, condition, and/or carrier state including, but not limited to:

- (a) Amebiasis;
- (b) B hemolytic streptococcal infection;
- (c) Campylobacter;
- (d) Cholera;
- (e) Hepatitis A and Hepatitis unspecified;
- (f) Salmonellosis, including typhoid and paratyphoid;
- (g) Shigellosis;
- (h) Staphylococcal infections; and
- (i) Signs of undiagnosed infection including:

(A) Diarrhea (with episodes of over forty-eight hours requiring approval by a health care provider or local health officer prior to return to work);

- (B) Skin lesions;
- (C) Vomiting; or
- (D) Fever.

(3) Work restrictions, control measures, and removal of work restrictions on food handlers and food service establishments shall be consistent with:

(a) *Control of Communicable Diseases in Man*, 14th edition, Abram S. Benenson (editor), American public health association, 1985;

(b) Chapter 248-84 WAC food service sanitation, rules, and regulations of the Washington state board of health; and

(c) Chapter 69.06 RCW, food and beverage establishments, workers permits.

(4) Employers and persons in charge of food service establishments shall:

(a) Require notification or approval of removal of work restriction by a health care provider or local health officer for persons working with diseases, carrier states,

conditions and signs listed in subsection (2) of this section; and

(b) Cooperate with public health officials investigating cases, outbreaks, or suspected outbreaks.

(5) The local health department has authority to:

(a) Require an examination of a person or persons to determine presence of infection,

(b) Adopt more stringent rules for excluding a food handler from work, and

(c) Protect public safety consistent with chapter 248-84 WAC by ordering food items to be:

(i) Placed under a hold order,

(ii) Destroyed immediately,

(iii) Surrendered,

(iv) Sampled, and

(v) Submitted for laboratory testing.

[Statutory Authority: RCW 43.20.050. 88-07-063 (Order 308), § 248-100-171, filed 3/16/88.]

WAC 248-100-176 Special settings--Schools. Private and public schools, vocational schools, colleges, and universities shall cooperate with local and state health officers in carrying out requirements in chapters 248-101 and 248-100 WAC.

[Statutory Authority: RCW 43.20.050. 88-07-063 (Order 308), § 248-100-176, filed 3/16/88.]

WAC 248-100-180 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-181 Special settings--Child day care facilities. Child day care facilities shall:

(1) Establish policy and procedures for prevention and control of communicable diseases in employees, voluntary staff, and children that:

(a) Are consistent with "child health care plan guidelines" available from division of health, office of licensing and certification, personal care facilities survey section, ET-33, Olympia, Washington 98504; and/or

(b) Are consistent with additional or more stringent recommendations of the local health department; and

(c) Include a provision for reporting illness to the local health department when required in chapter 248-100 WAC and WAC 388-73-056.

(2) Consult with a health care provider or the local health department for information about infectious or communicable disease, as necessary.

[Statutory Authority: RCW 43.20.050. 88-07-063 (Order 308), § 248-100-181, filed 3/16/88.]

WAC 248-100-186 Special settings--Health care facilities. Health care facilities shall:

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

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

(b) The disease can cause serious illness.

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

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

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

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

[Statutory Authority: RCW 43.20.050. 88-07-063 (Order 308), § 248-100-186, filed 3/16/88.]

WAC 248-100-191 Animals, birds, pets--Measures to prevent human disease. (1) All persons and entities are prohibited from:

(a) Sale of milk, meat, hides, and hair from animals infected with anthrax; and

(b) Sale and display of turtles except as permitted under Title 21 CFR, Food and Drug Administration, part 1240.62, 1986.

(2) Except for bonafide public or private zoological parks, persons and entities are prohibited from:

(a) Importing into Washington state any bat, skunk, fox, raccoon, or coyote without a permit from the director of the Washington state department of agriculture, as required in WAC 16-54-125; and

(b) Acquiring, selling, bartering, exchanging, giving, purchasing, or trapping for retention as pets or for export any:

- (i) Bat,
- (ii) Skunk,
- (iii) Fox,
- (iv) Raccoon, and
- (v) Coyote.

(3) Local health officers shall determine whether or not to order the destroying or testing of animals other than cats and dogs if:

(a) The animal has bitten or otherwise exposed a person, and

(b) Rabies is suspected.

(4) When an animal has bitten or otherwise exposed a person, the local health officer shall institute any or all of the following as judged appropriate:

(a) Order testing and destruction of the animal,

(b) Order restriction of dogs and cats for ten days observation,

(c) Require examination and recommendation by a veterinarian related to signs of rabies, or

(d) Specify other appropriate actions for animals considered low risk for rabies.

(5) When an animal other than a bat is found to be rabid, the local health officer shall immediately institute a community-wide rabies control program including:

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

(b) Issuance of orders to owners of dogs and cats requiring proof of rabies vaccination of animals by a veterinarian within six previous months,

(c) Restriction of household mammals to owners' premises except when on a leash, or

(d) Institute actions other than subsection (5)(a), (b), and (c) of this section when judged appropriate.

(6) A person destroying an animal as described in this section shall:

(a) Avoid damaging the brain; and

(b) Transport the dead animal's head, brain, or body in a manner approved by the local health department.

(7) To improve surveillance for rabies, laboratories shall inform the local health officer prior to testing specimens and samples for rabies.

(8) When a cat or dog has been bitten or exposed to a rabid or suspected rabid animal, the local health officer shall require:

(a) Destruction of the exposed animal; or

(b) Revaccination, if currently vaccinated, including observation by owner for ninety days; or

(c) If not currently vaccinated, vaccination and strict isolation for six months with revaccination one month prior to release from isolation; or

(d) Any other action judged appropriate by the local health officer.

(9) A person importing a dog and/or a cat into Washington state shall comply with WAC 16-54-120.

[Statutory Authority: RCW 43.20.050. 88-07-063 (Order 308), § 248-100-191, filed 3/16/88.]

WAC 248-100-195 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-196 Animal bites--Report to local health department. Health care providers shall:

(1) Report all cases of humans exposed to secretions or bitten by domestic or wild animals, especially bats and carnivores, to the local health department or designated local authority;

(2) Report bites of rodents and lagomorphs only when an animal exhibits unusual behavior; and

(3) Use protocols established in *Communicable Diseases in Man*, 14th edition, Abram S. Benenson, editor, 1985, when treating wounds caused by animal bites.

[Statutory Authority: RCW 43.20.050. 88-07-063 (Order 308), § 248-100-196, filed 3/16/88.]

WAC 248-100-200 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-201 Birds--Measures to prevent psittacosis. (1) Definitions specific to this section:

(a) "Breeder" means a person or persons propagating birds for purpose of sale, trade, gift, or display;

(b) "Displayer" means a person, owner, or entity other than a public or private zoological park showing, exhibiting, or allowing a person or persons to handle or access a bird in a place open to the public or in a health care facility;

(c) "Leg band" means a smooth plastic or metal cylinder, either open (seamed) or closed (seamless), designed to be used to encircle a leg of a bird including permanent inscription of identification indicating:

- (i) Code for individual bird, and
- (ii) Code for breeder source except when open bands identify vendor rather than breeder.
- (d) "Psittacine bird" or "bird" means all birds commonly known as:
 - (i) Parrots,
 - (ii) Macaws,
 - (iii) Cockatoos,
 - (iv) Lovebirds,
 - (v) Parakeets, and
 - (vi) All other birds of the order psittaciformes.
- (e) "Vendor" means a person or entity selling, trading, or giving a bird to another person or entity.
- (2) A person selling, trading, or otherwise transferring a bird shall identify each bird by:
 - (a) A coded and closed (seamless) leg band;
 - (b) A United States department of agriculture open (seamed) leg band; or
 - (c) An open (seamed) leg band only in cases where an original and closed (seamless) leg band was lost or required replacement due to injury or potential injury to the bird.
- (3) A vendor transferring a bird to other than the general public shall maintain a record of transfer including acquisition, sales, and trade of a bird, for at least one year and including:
 - (a) Date of transaction;
 - (b) Name and address of the recipient and source;
 - (c) Number and type, including the common name of the bird transferred; and
 - (d) Leg band codes, including breeder or vendor and individual bird codes, omitting individual bird code only upon initial transfer of a bird propagated by the breeder.
- (4) A vendor transferring a bird to the general public shall provide each buyer or recipient with:
 - (a) A sales slip or written document including all information required in subsection (3)(a), (b), (c), and (d) of this section; and
 - (b) A written warning or caution notice including:
 - (i) Information about possible human infection or disease caused by birds, especially psittacosis, parrot fever, and ornithosis;
 - (ii) Signs of infection or a sick bird including:
 - (A) Nasal discharge,
 - (B) Sneezing,
 - (C) Coughing,
 - (D) Ruffled feathers,
 - (E) Lethargy, and
 - (F) Diarrhea.
 - (iii) Signs and symptoms of an illness in a human including, but not limited to:
 - (A) Chills,
 - (B) Fever,
 - (C) Headache,
 - (D) Cough, and
 - (E) Muscle aches.
 - (iv) Information that nasal discharge and droppings of an infected or sick bird may cause illness in humans; and
 - (v) Advice to consult veterinarian or health care provider, as appropriate, if signs or symptoms occur.

(5) A vendor shall post a readable sign in a public area with a warning described in subsection (4)(b) of this section.

(6) When investigation of a human case of psittacosis indicates probable infection from a bird, the local health officer shall:

(a) Order collection of blood or other appropriate samples from the suspect bird or birds for appropriate laboratory tests to rule out disease; or

(b) Use protocols established in *Communicable Diseases in Man*, 14th edition, Abram S. Benenson, editor, 1985; and

(c) Have authority to enforce requirements of this section on a nonpsittacine bird or birds when:

- (i) There is suspected exposure to an infected bird, or
- (ii) There is evidence a bird caused a disease.

(7) When a local health officer orders a quarantine of a bird or birds, the vendor shall:

- (a) Cooperate with the local health officer, and
- (b) Assume costs associated with action.

(8) Upon confirmation of psittacosis, vendors shall follow directions issued by the local health officer to:

(a) Place the birds under antibiotic treatment with environmental cleaning and sanitizing; or

(b) Destroy all birds on the premises followed by environmental cleaning and sanitizing; and

(c) Assume costs associated with psittacosis prevention and control action ordered by local and state health officer;

- (d) Prohibit sale or addition of birds to inventory; and
- (e) Prevent contact of any bird with the public.

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

- (a) In single-purpose pet shops and aviaries, and
- (b) At bird shows if:

(i) A room containing a bird or birds is separated from other areas and activities, and

(ii) The room entrance has a sign warning a person about potential exposure to psittacosis.

(10) Shipment and embargo of birds.

(a) Any person or entity receiving a psittacine bird or birds from points outside Washington state shall:

- (i) Comply with Title 9 CFR, parts 92.3 and 92.8(b);
- (ii) Refuse receipt of any bird originating from premises where psittacosis infection is suspected or known; and

(iii) Refuse receipt of any bird from a premise quarantined for psittacosis.

(b) The state health officer is authorized to:

(i) Order placement and removal of an embargo upon shipment of a live bird or birds into Washington state, and

(ii) Order any action necessary to control an outbreak or potential outbreak of psittacosis in Washington state.

[Statutory Authority: RCW 43.20.050. 88-07-063 (Order 308), § 248-100-201, filed 3/16/88.]

WAC 248-100-205 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-206 Special diseases--Sexually transmitted diseases. (1) Definitions.

(a) "Behaviors presenting imminent danger to public health (BPID)" means the following activities, under conditions specified below, performed by an individual with a laboratory confirmed HIV infection:

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

(ii) Shared use of blood-contaminated injection equipment;

(iii) Donating or selling HIV-infected blood, blood products, or semen; and

(iv) Under the following specified conditions:

(A) The infected individual received post-test counseling as described in WAC 248-100-209 prior to repeating activities in subsection (1)(a)(i) and (ii) of this section; and

(B) The infected individual did not inform the persons, with whom activities described in subsection (1)(a)(i) and (ii) of this section occurred, of his or her infectious status.

(b) "Behaviors presenting possible risk" means:

(i) Actual actions resulting in "exposure presenting a possible risk" limited to:

(A) Anal, oral, or vaginal intercourse excluding conjugal visits; or

(B) Physical assault; or

(C) Sharing of injection equipment or sharp implements; or

(D) Throwing or smearing of blood, semen, or vaginal fluids; or

(ii) Threatened action if:

(A) The threatening individual states he or she is infected with HIV; and

(B) The threatened behavior is listed in subsection (1)(b)(i)(A), (B), (C), and (D) of this section; and

(C) The threatened behavior could result in "exposure presenting a possible risk."

(c) "Conduct endangering public health" means:

(i) Anal, oral, or vaginal intercourse for all sexually transmitted diseases;

(ii) For HIV and Hepatitis B:

(A) Anal, oral, or vaginal intercourse; and/or

(B) Sharing of injection equipment; and/or

(C) Donating or selling blood, blood products, body tissues, or semen; and

(iii) Activities described in subsection (1)(d)(i) and (ii) of this section resulting in introduction of blood, semen, and/or vaginal fluids to:

(A) Mucous membranes;

(B) Eyes;

(C) Open cuts, wounds, lesions; or

(D) Interruption of epidermis.

(d) "Exposure presenting possible risk" means one or more of the following:

(i) Introduction of blood, semen, or vaginal fluids into:

(A) A body orifice or a mucous membrane;

(B) The eye; or

(C) An open cut, wound, lesion, or other interruption of the epidermis.

(ii) A needle puncture or penetrating wound resulting in exposure to blood, semen, and/or vaginal fluids.

(e) "Reasonably believed" or "reason to believe," in reference to a sexually transmitted disease, means a health officer's belief which:

(i) For the purpose of investigating the source and spread of disease, is based upon a credible report from an identifiable individual indicating another person is likely to have a sexually transmitted disease (STD) or to have been exposed to a STD; and

(ii) For the purpose of issuing a written order for an individual to submit to examination, counseling, or treatment is based upon:

(A) Laboratory test results confirming or suggestive of a STD; or

(B) A health care provider's direct observation of clinical signs confirming an individual has or is likely to have a STD; or

(C) Obtaining information directly from an individual infected with a STD about the identity of his or her sexual or needle-sharing contacts when:

(I) Contact with the infected individual occurred during a period when the disease may have been infectious; and

(II) The contact was sufficient to transmit the disease; and

(III) The infected individual is, in the health officer's judgment, credible and believable.

(f) "Substantial exposure" means physical contact resulting in exposure presenting possible risk, limited to:

(i) A physical assault upon the exposed person involving blood or semen;

(ii) Intentional, unauthorized, nonconsensual use of needles or sharp implements to inject or mutilate the exposed person;

(iii) An accidental parenteral or mucous membrane or nonintact skin exposure to blood, semen, or vaginal fluids.

(2) Health care providers shall:

(a) Report each case of sexually transmitted disease as required in chapter 248-100 WAC, and

(b) Instruct each patient regarding:

(i) Communicability of the disease, and

(ii) Requirements to refrain from acts that may transmit the disease to another.

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

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

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

(3) Laboratories, health care providers, and other persons shall deny issuance of a certificate or statement implying an individual is free from sexually transmitted disease.

(4) Local health officers, health care providers, and others, in addition to requirements in chapter 248-100

WAC, shall comply with the provisions in chapter 70.24 RCW.

(5) Prevention of ophthalmia neonatorum.

(a) Health care providers diagnosing or caring for a patient with gonococcal or chlamydial ophthalmia neonatorum shall report the case to the local health officer or local health department in accordance with the provisions of this chapter.

(b) The principal health care provider attending or assisting in the birth of any infant or caring for an infant after birth, shall ensure instillation of a department-approved prophylactic ophthalmic agent into the conjunctival sacs of the infant within the time frame established by the department in policy statement of ophthalmia agents approved for the prevention of ophthalmia neonatorum in the newborn, issued June 19, 1981.

(6) State and local health officers or their authorized representatives shall:

(a) Have authority to conduct or cause to be conducted an interview and investigation of persons infected or reasonably believed to be infected with a sexually transmitted disease; and

(b) Use procedures and measures described in WAC 248-100-036(4) in conducting investigations.

(7) State and local health officers and their authorized representatives shall have authority to:

(a) Issue written orders for medical examination, testing, and/or counseling under chapter 70.24 RCW, only after:

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

(ii) Having sufficient evidence to "reasonably believe" the individual to be affected by the order:

(A) Has a sexually transmitted disease; and

(B) Is engaging in "conduct endangering public health"; and

(iii) Investigating and confirming the existence of "conduct endangering public health" by:

(A) Interviewing sources to assess their credibility and accuracy; and

(B) Interviewing the person to be affected by the order; and

(iv) Including in a written order all information required in RCW 70.24.024.

(b) Issue written orders for treatment under RCW 70.24.022 only after laboratory test results, or direct observation of clinical signs or assessment of clinical data by a physician, confirm the individual has, or is likely to have, a sexually transmitted disease;

(c) Issue written orders to cease and desist from specified activities, under RCW 70.24.024 only after:

(i) Determining the person to be affected by the order is engaging in "conduct endangering public health"; and

(ii) Laboratory test results, or direct observation of clinical signs or assessment of clinical data by a physician, confirm the individual has, or is likely to have, a sexually transmitted disease; and

(iii) Exhausting procedures described in subsection (7)(a) of this section; and

(iv) Enlisting, if appropriate, court enforcement of the orders described in subsections (7)(a) and (b) of this section; and

(d) Seek court orders for detainment under RCW 70.24.034, only for persons infected with HIV and only after:

(i) Exhausting procedures described in subsection (7)(a), (b), and (c) of this section; and

(ii) Enlisting, if appropriate, court enforcement of orders to cease and desist; and

(iii) Having sufficient evidence to "reasonably believe" the person is engaging in "behaviors presenting an imminent danger to public health."

(8) Conditions for detainment of individuals infected with sexually transmitted disease.

(a) A local health officer may notify the state health officer if he or she determines:

(i) The criteria for "behaviors presenting imminent danger to public health (BPID)" are met by an individual; and

(ii) Such individual fails to comply with a cease and desist order affirmed or issued by a court.

(b) A local or state health officer may request the prosecuting attorney to file an action in superior court to detain an individual specified in subsection (8)(a) of this section.

(c) The requesting local or state health officer or authorized representative shall:

(i) Notify the department prior to recommending the detainment setting where the individualized counseling and education plan may be carried out consistent with subsections (8)(d), (e), and (f) of this section;

(ii) Make a recommendation to the court for placement of such individual consistent with subsections (8)(d) and (f) of this section; and

(iii) Provide to the court an individualized plan for education and counseling consistent with subsection (8)(e) of this section.

(d) State board of health requirements for detainment of individuals demonstrating BPID:

(i) Sufficient number of staff, caregivers, and/or family members to:

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

(B) Limit and restrict activities to prevent BPID; and

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

(D) Provide access to AIDS education and counseling; and

(E) Immediately notify the local or state health officer of unauthorized absence or elopement; and

(ii) Sufficient equipment and facilities to provide:

(A) Meals and nourishment to meet nutritional needs; and

(B) A sanitary toilet and lavatory; and

(C) A bathing facility; and

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

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

(F) A private sleeping room; and

- (G) Prevention of sexual exploitation.
- (iii) Sufficient access to services and programs directed toward cessation of BPID and providing:
 - (A) Linguistically, socially, culturally, and developmentally appropriate ongoing AIDS education and counseling; and
 - (B) Psychological and psychiatric evaluation and counseling; and
 - (C) Implementation of court-ordered plan for individualized counseling and education consistent with subsection (8)(e) of this section.
- (iv) If required, provide access to isolation and/or restraint in accordance with restraint and seclusion rules in WAC 275-55-263 (2)(c);
- (v) Maintain a safe, secure environment free from harassment, physical danger, and sexual exploitation.
- (e) Washington state board of health standards for an individualized counseling and education plan for a detainee include:
 - (i) Consideration of detainee's personal and environmental characteristics, culture, social group, developmental age, and language;
 - (ii) Identification of habitual and addictive behavior and relapse pattern;
 - (iii) Identification of unique risk factors and possible cross-addiction leading to behavior presenting imminent danger to public health;
 - (iv) Identification of obstacles to behavior change and determination of specific objectives for desired behavior;
 - (v) Provision of information about acquisition and transmission of HIV infection;
 - (vi) Teaching and training of individual coping skills to prevent relapse to BPID;
 - (vii) Specific counseling for chemical dependency, if required;
 - (viii) Identification of and assistance with access to community resources, including social services and self-help groups appropriate to provide ongoing support and maintenance of behavior change; and
 - (ix) Designation of a person primarily responsible for counseling and/or education who:
 - (A) Completed pretest and post-test counselor training approved by the office on AIDS; and
 - (B) Received training, as approved by the office on AIDS, focused on facilitating behavior change related to preventing BPID; and
 - (C) Has a post-graduate degree in social work, psychology, counseling, psychosocial nursing, or other allied profession; and
 - (D) Completed at least one year clinical experience after post-graduate education with a primary focus on individualized behavior change; and
 - (E) Is a certified counselor under chapter 18.19 RCW.
 - (x) Designation and provision of a qualified counselor under WAC 275-19-145 when the detainee is assessed to have a drug or alcohol problem.
- (f) The state board of health designates the following settings appropriate for detainment provided a setting meets requirements in subsection (8)(d)(i), (ii), (iii), (iv), and (v) of this section:

- (i) Homes, care facilities, or treatment institutions operated or contracted by the department;
- (ii) Private homes, as recommended by the local or state health officer;
- (iii) Boarding homes licensed under chapter 18.20 RCW;
- (iv) Nursing homes licensed under chapter 18.51 RCW;
- (v) Facilities licensed under chapter 71.12 RCW, including:
 - (A) Psychiatric hospitals, per chapter 248-22 WAC;
 - (B) Alcoholism treatment centers if certified for substance use under chapter 275-19 WAC;
 - (C) Adult residential rehabilitation centers, per chapter 248-25 WAC;
 - (D) Private adult treatment homes, per chapter 248-25 WAC;
 - (E) Residential treatment facilities for psychiatrically impaired children and youth, per chapter 248-23 WAC;
- (vi) A hospital licensed under chapter 70.41 RCW.
- (9) Jail administrators may order pretest counseling, post-test counseling, and HIV testing of persons detained in jail according to RCW 70.24.360 only under the following conditions:
 - (a) The jail administrator documents and reports to the local health officer, within seven days after the incident, any incident perceived to be actual or threatened "behaviors presenting possible risk"; and
 - (b) The local health officer:
 - (i) Determines the documented behavior or behaviors meet the criteria established in the definition of "behaviors presenting a possible risk"; and
 - (ii) Interviews the detained individual to evaluate the factual basis for alleged actual or threatened behavior; and
 - (iii) Makes a fact determination, based upon the documented behavior, the interview with the detained individual, and/or dependent investigation, that sufficient factual evidence exists to support the allegation of actual or threatened "behaviors presenting possible risk"; and
 - (iv) Arranges for testing of the individual who is the source of the behavior to occur within seven days of the request from the jail administrator; and
 - (v) Reviews with the detained individual who is the source of the behavior the documentation of the actual or threatened behavior to try to assure understanding of the basis for HIV testing; and
 - (vi) Provides written approval of the jail administrator's order prior to HIV testing in accordance with subsection (7)(a)(i) of this section.
 - (c) The jail administrator maintains HIV test results and identity of the tested individual as a confidential, nondisclosable record, as provided in RCW 70.24.105.
- (10) When an individual experiences a substantial exposure to another individual's body fluids and requests HIV testing of that other individual, the state and local health officers have authority to order pretest counseling, HIV testing, and post-test counseling of that other individual providing:

(a) The alleged exposure occurred when the individual was employed or acting as an authorized volunteer in one of the following employment categories:

- (i) Law enforcement officer;
- (ii) Firefighter;
- (iii) Health care provider;
- (iv) Staff of health care facilities; and

(b) The alleged substantial exposure occurred on the job; and

(c) The request to the health officer for testing and counseling of the individual was made within seven days of the occurrence of the alleged exposure; and

(d) The local health officer:

(i) Determines that the alleged exposure meets the criteria established in the definition of "substantial exposure"; and

(ii) Ensures that pretest counseling of the individual to be tested, or a legal representative, occurs; and

(iii) Arranges for testing of the individual who is the source of the exposure to occur within seven days of the request from the person exposed; and

(e) The exposed individual agrees to be tested for HIV if such testing is determined appropriate by the health officer; and

(f) Records on HIV testing ordered by a health officer are maintained only by the ordering health officer.

(11) For the purpose of RCW 49.60.172 concerning the absence of HIV infection as a bona fide occupational qualification only, "significant risk" means a job qualification which requires person-to-person contact likely to result in direct introduction of blood into the eye, an open cut or wound, or other interruption of the epidermis, when:

(a) No adequate barrier protection is practical; and

(b) Determined only on case-by-case basis consistent with RCW 49.60.180.

[Statutory Authority: Chapter 70.24 RCW. 88-21-093 (Order 322), § 248-100-206, filed 10/19/88; 88-17-056 (Order 316), § 248-100-206, filed 8/17/88. Statutory Authority: RCW 43.20.050. 87-11-047 (Order 302), § 248-100-206, filed 5/19/87.]

WAC 248-100-207 Human immunodeficiency virus (HIV) testing--Ordering--Laboratory screening--Interpretation--Reporting. (1) Any person ordering or prescribing an HIV test for another, except for seroprevalent studies under chapter 70.24 RCW or as provided in subsection (2) of this section, shall:

(a) Provide or refer for pretest counseling as described in WAC 248-100-209; and

(b) Obtain or ensure informed specific consent of the individual to be tested separate from other consents prior to ordering or prescribing an HIV test, unless accepted under provisions in chapter 70.24 RCW; and

(c) Provide or refer for post-test counseling as described in WAC 248-100-209 if HIV test is positive for or suggestive of HIV infection.

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

(a) Obtain or ensure informed specific consent of the individual prior to ordering or prescribing an HIV test, unless excepted under provisions in chapter 70.24 RCW;

(b) Explain the reason for HIV testing is to prevent contamination of the blood supply or tissue or organ bank donations; and

(c) At the time of notification regarding a positive HIV test, provide or ensure at least one individual counseling session.

(3) Laboratories and other places where HIV testing is performed shall demonstrate complete and satisfactory participation in an HIV proficiency testing program approved by the Department Laboratory Quality Assurance Section, Mailstop B17-9, Seattle, Washington 98104.

(4) The department laboratory quality assurance section shall accept substitutions for EIA screening only as approved by the United States Food and Drug Administration (FDA) and a published list or other written FDA communication.

(5) Medical laboratories testing for the presence of HIV shall:

(a) Send an HIV test prevalence results report by telephone or in writing to the department office on AIDS (MS B17-9, Seattle, Washington 98104), quarterly or more often; and

(b) Include in the report:

(i) Number of samples tested;

(ii) Number of samples repeatedly reactive by enzyme immuno assay (EIA);

(iii) Number of samples tested by western blot assay (WBA) or other confirmatory test as approved by department office on AIDS;

(iv) Number of positive test results by WBA or other confirmatory test as approved by department office on AIDS;

(v) Number of specimens tested by viral culture; and

(vi) Number of positive test results from viral cultures.

(6) Persons informing a tested individual of positive laboratory test results indicating HIV infection shall do so only when:

(a) HIV is isolated by viral culture technique; or

(b) HIV antibodies are identified by a sequence of tests which are reactive and include:

(i) A repeatedly reactive screening test such as the enzyme immunoassay (EIA); and

(ii) An additional, more specific, assay such as a positive western blot assay (WBA) or other tests as defined and described in the AIDS office manual, April, 1988, DSHS, Mailstop LP-20, Olympia, Washington 98504.

(c) Such information consists of relevant, pertinent facts communicated in such a way that it will be readily understood by the recipient.

[Statutory Authority: Chapter 70.24 RCW. 88-17-058 (Order 318), § 248-100-207, filed 8/17/88.]

WAC 248-100-208 Counseling standard--AIDS counseling. (1) Principal health care providers shall counsel or ensure AIDS counseling for:

(a) Each pregnant woman; and

(b) Each patient seeking treatment of a sexually transmitted disease.

(2) Drug treatment programs under chapter 69.54 RCW shall provide or ensure provision of AIDS counseling for each person in a drug treatment program.

(3) Health care providers, persons, and organizations providing AIDS counseling shall:

(a) Assess the behaviors of each individual counseled for risk of acquiring and transmitting human immunodeficiency virus (HIV);

(b) Maintain a nonjudgmental environment during counseling which:

(i) Considers the individual's particular circumstances; and

(ii) Is culturally, socially, linguistically, and developmentally appropriate to the individual being counseled.

(c) Focus counseling on behaviors increasing the risk of HIV acquisition and transmission;

(d) Provide or ensure provision of personalized risk reduction education to individuals who:

(i) Are men who had sex with other men at any time since 1977;

(ii) Used intravenous substances at any time since 1977;

(iii) Engaged in sex for money or drugs at any time since 1977;

(iv) Have had sexual and/or injection equipment-sharing contact with persons listed in subsection (3)(d)(i), (ii), and (iii) of this section;

(v) Have been exposed to or known to have had a sexually transmitted disease at any time since 1977;

(vi) Are at increased risk of HIV infection by definition of United States Public Health Service, Centers for Disease Control;

(vii) Are enrolled in a drug treatment program under chapter 69.54 RCW; or

(viii) Received multiple transfusions of blood, plasma, or blood products from 1977 to 1985.

(e) Encourage individuals assessed to be at other than virtually no risk of HIV infection to:

(i) Receive AIDS risk reduction counseling;

(ii) Consider information about the nature, purpose, and potential ramifications of HIV testing;

(iii) Receive pretest counseling;

(iv) Consider confidential or anonymous voluntary HIV testing if appropriate; and

(v) "Virtually no risk of HIV infection" means persons with medical histories absent of and reporting none of the following factors:

(A) Transfusion with blood or blood products at any time since 1977;

(B) Residence at any time in countries where HIV is considered endemic since 1977;

(C) Unprotected sex between men at any time since 1977;

(D) Use of intravenous substances at any time since 1977, especially when sharing injection equipment;

(E) Engagement in sex for money or drugs at any time since 1977;

(F) Sexual and/or injection equipment-sharing contacts at any time since 1977 with persons listed in subsection (3)(e)(iii)(C), (D), and (E) of this section;

(G) Exposure to a sexually transmitted disease; and

(H) Increased risk of HIV infection by definition of United States Public Health Service, Centers for Disease Control.

(4) Persons and organizations providing AIDS counseling may provide additional or more comprehensive counseling than required in this section.

[Statutory Authority: Chapter 70.24 RCW, 88-17-058 (Order 318), § 248-100-208, filed 8/17/88.]

WAC 248-100-209 Counseling standards--Human immunodeficiency virus (HIV) pretest counseling--HIV post-test counseling. (1) Health care providers and other persons providing pretest counseling shall:

(a) Assess the individual's risk of acquiring and transmitting HIV by evaluating information about the individual's possible risk-behaviors;

(b) Provide at least one individual counseling session prior to HIV testing;

(c) Inform any individual planning to be tested for HIV that:

(i) If the test result is positive, the tested individual needs to notify sex and injection equipment-sharing partners that partners:

(A) May have been exposed to and infected with HIV; and

(B) Should seek HIV pretest counseling and consider HIV testing; and

(ii) Unless HIV testing is anonymous, the principal health care provider is required to refer identities of at-risk partners to the local health officer or authorized representative if:

(A) The HIV-infected individual either refuses or is unable to notify partners of exposure, possible infection, and need for pretest counseling and HIV testing; or

(B) The HIV-infected individual neither accepts assistance nor agrees to referral to the local health officer or an authorized representative for assistance in notifying partners; and

(iii) Unless HIV testing is anonymous, the principal health care provider is required to refer the identify of the individual testing positive to the local health officer or an authorized representative if the principal health care provider made efforts, but was unable to meet face-to-face with the individual to:

(A) Notify the individual of the HIV test result; and

(B) Provide post-test counseling, as required in this section, to assure partner notification.

(2) When an individual is assessed by a counselor or health care provider as "virtually no risk of HIV infection," as defined in WAC 248-100-208 (3)(e)(v) a counselor or the health care provider shall, in addition to subsection (1)(a) of this section:

(a) Maintain a nonjudgmental environment during counseling which:

(i) Considers the individual's particular circumstances; and

(ii) Is culturally, socially, linguistically, and developmentally appropriate to the individual being counseled.

(b) Explain the nature, purpose, value, and reason for the HIV tests;

(c) Explain the possible effect of HIV testing and a positive HIV test result related to employment, insurance, housing, and other potential legal, social, and personal consequences;

(d) Develop and maintain a system of referral and make referrals that:

(i) Are accessible and confidential for those counseled;

(ii) Are acceptable to and supportive of those counseled;

(iii) Provide assistance to those counseled in maintaining risk reduction behaviors.

(e) Provide at least one individual counseling session at the time HIV test results are disclosed to individuals testing positive; and

(f) Maintain disclosure and confidentiality requirements in WAC 248-100-016.

(3) If the individual is assessed by a health care provider to be other than "virtually no risk of HIV infection," as defined in WAC 248-100-208 (3)(e)(v), the person providing pretest counseling shall maintain requirements in subsection (1) and (2) of this section and:

(a) Focus counseling on behaviors increasing the risk of HIV acquisition and transmission;

(b) Provide personalized risk reduction education to individuals who:

(i) Are men engaging in unprotected intercourse with other men at any time since 1977;

(ii) Used intravenous substances at any time since 1977, especially those sharing injection equipment;

(iii) Engaged in sex for money or drugs at any time since 1977;

(iv) Have had sexual and/or injection equipment-sharing contacts at any time since 1977 with persons listed in subsection (3)(b)(i), (ii), and (iii) of this section;

(v) Have been exposed to or diagnosed with a sexually transmitted disease;

(vi) Are at increased risk of HIV infection by definition of United States Public Health Services, Centers for Disease Control;

(vii) Are required by RCW 70.24.095 and 70.24.340 to receive HIV counseling and testing.

(c) Inform any individual planning to be tested for HIV of the need to notify sexual and injection equipment-sharing partners if test results are positive;

(d) Advise individuals listed in subsection (3)(b)(i), (ii), and (iii) of this section not to donate or sell blood, blood products, semen, organs, or other body tissues; and

(e) Emphasize or reemphasize the following counseling messages:

(i) The following will eliminate or decrease the risk of HIV infection:

(A) Sexual abstinence;

(B) A mutually monogamous relationship between uninfected people; and

(C) Following safer sex guidelines.

(ii) Do not share intravenous drugs and injection equipment;

(iii) Do not engage in behaviors in which blood, vaginal fluid, or semen is exchanged;

(iv) Condoms, even if used properly, do not supply absolute protection from HIV infection;

(v) Condoms may reduce risk of HIV infection if the condom is:

(A) Latex and used with a water-based lubricant rather than an oil-based lubricant, if a lubricant is used;

(B) Used in conjunction with spermicide during vaginal or anal intercourse; and

(C) Worn from start to finish of vaginal, oral, and anal intercourse.

(vi) Dental dams may reduce risk of HIV infection if the dental dam is:

(A) Latex; and

(B) Used from start to finish of oral intercourse.

(vii) The sexual behaviors having highest risk for HIV infection are those involving the exchange of blood or semen, especially receptive anal and vaginal intercourse;

(viii) Anal intercourse may increase the risk of condom failure and HIV infection;

(ix) Infected women should postpone pregnancy until more is known about how to prevent prenatal and perinatal transmission of HIV infection;

(x) Sexual negotiation skills can be learned to enhance risk reduction; and

(xi) Other sexually transmitted diseases, especially those causing genital ulcers, may increase the risk of acquiring or transmitting HIV infection.

(f) Make those counseled aware HIV retesting at a later date may be necessary or recommended.

(4) Persons providing post-test counseling shall:

(a) Follow requirements in subsection (1) of this section;

(b) Provide at least one individual counseling session at the time HIV test results are disclosed for individuals:

(i) Testing positive for HIV; or

(ii) Reporting practice of behaviors listed in (3)(b)(i), (ii), and (iii) of this section.

(c) If the individual being counseled tested positive for HIV infection:

(i) Provide assistance to persons in notifying partners; and/or

(ii) Offer to refer individuals to the local health officer as necessary for assistance in notifying partners; and/or

(iii) Offer to refer partners for counseling and testing; and

(iv) Develop or adopt a system to avoid documenting the names of referred partners in the permanent record of the individual being counseled; and

(v) Offer referral for alcohol and drug and mental health counseling, including suicide prevention, if appropriate; and

(vi) Refer for tuberculosis screening.

[Statutory Authority: Chapter 70.24 RCW, 89-02-008 (Order 324), § 248-100-209, filed 12/27/88; 88-17-058 (Order 318), § 248-100-209, filed 8/17/88.]

WAC 248-100-210 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-211 Special diseases--Tuberculosis.

(1) Health care providers diagnosing or caring for a person with tuberculosis, whether pulmonary or nonpulmonary, shall:

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

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

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

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

(b) Maintain a tuberculosis control program including:

- (i) Prophylaxis,
- (ii) Treatment,
- (iii) Surveillance,
- (iv) Case finding,
- (v) Contact tracing, and
- (vi) Other aspects of epidemiologic investigation;

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

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

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

(e) Designate the place of isolation when imposed;

(f) Release the person from isolation when appropriate;

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

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

(3) When a person with tuberculosis requires hospitalization,

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

(b) The principal health care provider shall:

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

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

[Statutory Authority: RCW 43.20.050. 87-11-047 (Order 302), § 248-100-211, filed 5/19/87.]

WAC 248-100-215 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-216 Special diseases--Surveillance for influenza. Local health departments shall:

(1) Maintain a surveillance system for influenza during the appropriate season which may include:

(a) Monitoring of excess school absenteeism,

(b) Sample check with health care providers, clinics, and hospitals regarding influenza like illnesses,

(c) Monitoring of work place absenteeism and other mechanisms.

(2) Encourage submission of appropriate clinical specimens from a sample of patients with influenza-like illness to the Washington state public health laboratory or other laboratory approved by the state health officer.

[Statutory Authority: RCW 43.20.050. 87-11-047 (Order 302), § 248-100-216, filed 5/19/87.]

WAC 248-100-220 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-221 Duties of laboratories--Annual registration of laboratories. Every person, firm, or corporation operating or maintaining a medical laboratory shall register annually with the department by completing a form provided by the department and including:

(1) Name and address of the laboratory,

(2) Name of the person or persons owning or operating the laboratory, and

(3) Other information as indicated on the form provided by the department.

[Statutory Authority: RCW 43.20.050. 87-11-047 (Order 302), § 248-100-221, filed 5/19/87.]

WAC 248-100-225 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-226 Duties of laboratories--Approval of laboratories to perform prenatal serologic tests for syphilis. (1) Laboratories performing prenatal serologic tests for syphilis shall request approval by the department in accordance with the following:

(a) Apply by registering intent with the department,

(b) provide personnel specifically trained in the serological procedures in use,

(c) Establish test methods approved by the department based on current recommendations of the United States public health service (USPHS) and consistent with the United States health care financing administration (HCFA) 42 CFR 82.27,

(d) Perform tests consistent with the manufacturer's recommendations,

(e) Establish quality control procedures consistent with the manufacturer's recommendations, and

(f) Maintain records of quality control results and patient's test results for at least two years.

(2) Approved laboratories shall:

(a) Subscribe to a proficiency testing program approved by the department based on recommendations by USPHS and acceptable to United States HCFA,

(b) Request the testing service to send a report of results to the department,

(c) Demonstrate satisfactory performance by maintaining a score of seventy percent on each shipment of test samples.

(3) Written department certification of approval depends upon:

(a) Satisfactory performance in a proficiency testing program for syphilis serology demonstrated for two consecutive sets of samples, and

(b) Continuous satisfactory performance in a proficiency testing program for syphilis serology.

(4) The department may:

(a) Perform on-site reviews of laboratories to determine compliance with WAC 248-100-226, and

(b) Decertify laboratories when conditions described in WAC 248-100-226 are not met.

(5) The department shall:

(a) Provide a list of department-approved laboratories to certified laboratories, local health departments, and others upon request, and

(b) Decertify any laboratory failing to perform satisfactorily on proficiency testing as described in subsection (2)(c) of this section.

[Statutory Authority: RCW 43.20.050. 87-11-047 (Order 302), § 248-100-226, filed 5/19/87.]

WAC 248-100-230 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-231 Duties of laboratories--Submission of specimens by laboratories. (1) The director of every medical laboratory shall:

(a) Submit microbiologic cultures, subcultures, or appropriate clinical material as specified in subsection (2) of this section to the Washington state public health laboratory or other laboratory designated by the state health officer for diagnosis, confirmation, or further testing;

(b) Identify each specimen on a form provided or approved by the department including:

(i) The patient's name, and, if available,

(ii) Age, sex, date of onset of illness, first and last name of principal health care provider.

(2) When test results indicate possible infection with any of the following, laboratory action shall include:

(a) Brucellosis (*Brucella* species): Submit suspicious subcultures for confirmation and final identification;

(b) Cholera (*Vibrio cholerae*): Submit subcultures for confirmation and final identification;

(c) Diphtheria (*Corynebacterium diphtheriae*): Submit subcultures for identification and for toxin study when indicated;

(d) Malaria (*Plasmodium* species): Laboratories are encouraged to submit thick and thin stained smears for conformation, final identification, and forwarding for international epidemiologic surveillance;

(e) Meningococcal infection of blood or spinal fluid (*Neisseria meningitidis*): Submit subcultures for confirmation and final identification;

(f) Plague (*Yersinia pestis*): Submit subcultures or appropriate clinical material for confirmation;

(g) Salmonellosis, including typhoid fever (*Salmonella* species): Submit subcultures for confirmation and serotyping;

(h) Shigellosis (*Shigella* species): Submit subcultures for confirmation and serotyping;

(i) Syphilis (*Treponema pallidum*): Submit reactive or weakly reactive serologic specimens for confirmation and further definitive testing;

(j) Mycobacteriosis, including tuberculosis (*Mycobacterium* species): Submit subcultures of initial isolates for:

(i) *Mycobacterium tuberculosis*,

(ii) *Mycobacterium bovis*, and

(iii) Other mycobacterial species when isolate is suspected of causing disease.

(k) Tularemia (*Francisella tularensis*): Submit subcultures or appropriate clinical material for confirmation.

(3) When clinical impression and epidemiologic circumstances indicate a possible case of botulism, laboratory action shall include the following:

(a) Infant botulism: Submit stool for clostridium botulinum identification and toxin typing,

(b) Food borne botulism:

(i) Submit serum and stool for *C. botulinum* identification and toxin typing, and

(ii) If available, submit suspect foods (ideally in original containers).

(c) Wound botulism: Submit subculture or serum, debrided tissue, or swab sample from wound for *C. botulinum* identification.

(4) The state health officer may require submission of specimens for other infections of public health concern as described in WAC 248-100-041.

[Statutory Authority: RCW 43.20.050. 88-07-063 (Order 308), § 248-100-231, filed 3/16/88; 87-11-047 (Order 302), § 248-100-231, filed 5/19/87.]

WAC 248-100-235 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-236 Duties of laboratories--Reporting of laboratory results indicative of certain reportable diseases. (1) By December 31, 1987, medical laboratories shall:

(a) Report each positive culture or other suggestive test results to the local health officer by phone, written report, or submission of specimen within two working days, unless specified otherwise, for:

(i) Anthrax (*Bacillus anthracis*),

(ii) Botulism (*Clostridium botulinum*),

(iii) Cholera (*Vibrio cholerae*),

(iv) Diphtheria (*Corynebacterium diphtheriae*) - toxigenic strains,

(v) Gonorrhoea (*Neisseria gonorrhoeae*) (report within seven days),

(vi) Measles (rubeola) (measles virus),

(vii) Plague (*Yersinia pestis*),

(viii) Rabies (rabies virus),

(ix) Brucellosis (*Brucella* species),

(x) Leptospirosis (*Leptospira interrogans*),

(xi) Listeria infection of blood or spinal fluid (*Listeria monocytogenes*),

(xii) Meningococcal infection of blood or spinal fluid (*N. meningitidis*),

(xiii) Pertussis (*Bordetella pertussis*),

(xiv) Salmonellosis (*Salmonella* species),

(xv) Shigellosis (*Shigella* species), and

(xvi) Hepatitis A (positive anti-HAV IgM).

(b) Send a copy of the state form accompanying specimen submitted as required in WAC 248-100-231 or identifying information including:

(i) Type of specimen tested (e.g., serum or sputum),

(ii) Test result,

(iii) Name of reporting laboratory,

(iv) Date of report,

(v) Name of requesting health care provider or health care facility, and

(vi) Name of patient.

(2) By December 31, 1987, medical laboratories shall report positive cultures or other suggestive test results for chlamydial infection (*chlamydia trachomatis*) to local health departments monthly including either:

(a) Identifying information specified in subsection (1)(b)(i-vi) of this section, or

(b) Aggregate numbers of positive tests including age, sex, and site of infection when known.

(3) Medical laboratories shall label or stamp reports appropriately with information indicating "reportable disease" and the telephone number of the local health department, if such labels or stamps are provided by the local health department.

(4) State and local health officers and health departments receiving reports from medical laboratories shall:

(a) Allow time for the laboratory to notify the principal health care provider prior to contact if:

(i) Delay is unlikely to jeopardize public health, and

(ii) The laboratory requests a delay.

(b) Try to contact the principal health care provider and discuss circumstances prior to contact of a patient when possible.

[Statutory Authority: RCW 43.20.050, 88-07-063 (Order 308), § 248-100-236, filed 3/16/88; 87-11-047 (Order 302), § 248-100-236, filed 5/19/87.]

WAC 248-100-240 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-241 Duties of laboratories--Duty to cooperate with local health departments and the department. (1) Medical laboratories shall:

(a) Cooperate with local health departments and the department in the investigation of an outbreak, suspected outbreak, case, suspected case, carrier, or contact of a communicable disease or reportable disease or condition, and

(b) Provide, in a timely manner, any information related to the laboratory features of the investigation when requested by the local or state health officer.

(2) A laboratory director may designate responsibility for working and cooperating with public health personnel to certain laboratory employees as long as designated employees are:

(a) Readily available, and

(b) Able to provide requested information in a timely manner.

[Statutory Authority: RCW 43.20.050, 87-11-047 (Order 302), § 248-100-241, filed 5/19/87.]

WAC 248-100-246 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-249 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-250 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-255 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-260 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-265 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-270 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-275 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-280 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-285 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-290 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-295 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-300 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-305 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-310 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-315 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-320 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-325 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-530 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-532 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-535 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-540 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-545 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-550 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-555 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-560 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-100-565 Repealed. See Disposition Table at beginning of this chapter.

Chapter 248-102 WAC PHENYLKETONURIA

WAC

248-102-010 through 248-102-999 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-102-010	Definitions. [Order 136, § 248-102-010, filed 12/2/76; Order 5, § 248-102-010, filed 10/16/68.] Repealed by 87-11-040 (Order 303), filed 5/18/87. Statutory Authority: RCW 43.20.050 and 70.83.050.
248-102-020	Performance of screening tests. [Order 136, § 248-102-020, filed 12/2/76; Order 5, § 248-102-020, filed 10/16/68.] Repealed by 87-11-040 (Order 303), filed 5/18/87. Statutory Authority: RCW 43.20.050 and 70.83.050.
248-102-040	Establishment of diagnosis. [Statutory Authority: RCW 70.83.050. 79-02-014 (Order 173), § 248-102-040, filed 1/12/79; Order 5, § 248-102-040, filed 10/16/68.] Repealed by 87-11-040 (Order 303), filed 5/18/87. Statutory Authority: RCW 43.20.050 and 70.83.050.
248-102-070	Fees to be charged in support of the program. [Order 144, § 248-102-070, filed 3/22/77; Order 136, § 248-102-030 (codified as WAC 248-102-070), filed 12/2/76.] Repealed by 87-11-040 (Order 303), filed 5/18/87. Statutory Authority: RCW 43.20.050 and 70.83.050.
248-102-999	Legal authority of the state board of health. [Order 5, § 248-102-999, filed 10/16/68.] Repealed by 87-11-040 (Order 303), filed 5/18/87. Statutory Authority: RCW 43.20.050 and 70.83.050.

WAC 248-102-010 through 248-102-999 See Disposition Table at beginning of this chapter.

[1988 WAC Supp—page 980]

Chapter 248-103 WAC NEWBORN METABOLIC SCREENING

WAC

248-103-001	Purpose.
248-103-010	Definitions.
248-103-020	Performance of screening tests.
248-103-030	Fees.

WAC 248-103-001 Purpose. The purpose of this chapter is to establish board rules to detect, in newborns, congenital disorders leading to developmental impairment or physical disabilities as required by RCW 70.83-.050.

[Statutory Authority: RCW 43.20.050 and 70.83.050. 87-11-040 (Order 303), § 248-103-001, filed 5/18/87.]

WAC 248-103-010 Definitions. For the purposes of this chapter:

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

(2) "Congenital adrenal hyperplasia" means a severe disorder of adrenal steroid metabolism which may result in death of an infant during the neonatal period if undetected and untreated.

(3) "Congenital hypothyroidism" means a disorder of thyroid function during the neonatal period causing impaired mental functioning if undetected and untreated.

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

(5) "Newborn" means an infant born in a hospital in the state of Washington prior to discharge from the hospital of birth or transfer.

(6) "Phenylketonuria" (PKU) means a metabolic disorder characterized by abnormal phenylalanine metabolism causing impaired mental functioning if undetected and untreated.

(7) "Significant screening test result" means a laboratory test result indicating a suspicion of abnormality and requiring further diagnostic evaluation of the involved infant for the specific disorder.

[Statutory Authority: RCW 43.20.050 and 70.83.050. 87-11-040 (Order 303), § 248-103-010, filed 5/18/87.]

WAC 248-103-020 Performance of screening tests.

(1) Hospitals providing birth and delivery services or neonatal care to infants shall:

(a) Inform parents or responsible parties, by providing a departmental information pamphlet or by other means, of:

(i) The purpose of screening newborns for congenital disorders,

(ii) Disorders of concern as listed in WAC 248-103-020(2),

(iii) The requirement for newborn screening, and

(iv) The legal right of parents or responsible parties to refuse testing because of religious tenets or practices as specified in RCW 70.83.020.

(b) Obtain a blood specimen for laboratory testing as specified by the department from each newborn prior to discharge from the hospital or, if not yet discharged, no later than five days of age.

(c) Use department-approved forms and directions for obtaining specimens.

(d) Enter all identifying and related information required on the form attached to the specimen following directions of the department.

(e) In the event a parent or responsible party refuses to allow newborn metabolic screening, obtain signatures from parents or responsible parties on the department form.

(f) Forward the specimen or signed refusal with the attached identifying forms to the Washington state public health laboratory no later than the day after collection or refusal signature.

(2) Upon receipt of specimens, the department shall:

(a) Perform appropriate screening tests for phenylketonuria, congenital hypothyroidism, and congenital adrenal hyperplasia;

(b) Report significant screening test results to the infant's attending physician or family if an attending physician cannot be identified; and

(c) Offer diagnostic and treatment resources of the department to physicians attending infants with presumptive positive screening tests within limits determined by the department.

[Statutory Authority: RCW 43.20.050 and 70.83.050. 87-11-040 (Order 303), § 248-103-020, filed 5/18/87.]

WAC 248-103-030 Fees. The department has authority under chapter 43.20A RCW to require a reasonable fee from parents or responsible parties for the costs of newborn metabolic screening to be collected through the hospital where the specimen was obtained.

[Statutory Authority: RCW 43.20.050 and 70.83.050. 87-11-040 (Order 303), § 248-103-030, filed 5/18/87.]

Chapter 248-124 WAC

VITAL STATISTICS--CERTIFICATES

WAC

- 248-124-010 Adoption of United States standard certificates and report--Modifications.
- 248-124-015 Confidential information on state of Washington live birth and fetal death certificates pursuant to RCW 70.58.200.
- 248-124-160 Adoption of United States standard certificates and report--Modifications pursuant to RCW 43.20A.620.

WAC 248-124-010 Adoption of United States standard certificates and report--Modifications. Pursuant to RCW 70.58.200, the Washington state board of health adopts and approves for use in the state of Washington, effective January 1, 1989, the 1988 revisions of the United States standard forms of live birth and fetal death. These forms are developed by the United States Department of Health and Human Services, National Center for Health Statistics. The board of health shall make the following modifications to the confidential

section of the U.S. standard certificate of live birth and U.S. standard report of fetal death:

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

- Add "Hispanic" to "race."
- Add "or descent? (ancestry)" to "of Hispanic origin."
- Add "Asian or Pacific Islander" to "race."
- Add "occupation" and "type of business or industry" for both parents.
- Add "parental identification of ethnicity and race of child."
- Add "more than twenty weeks, less than twenty weeks" to "pregnancy history."
- Add under the heading "medical risk factors for this pregnancy," "polyhydramnios, first trimester bleeding, epilepsy, genital herpes, syphilis, rubella--test positive."
- Add under the heading "method of delivery," "C-section with no labor, C-section with trial of labor."
- Add under the heading "abnormal conditions of the newborn," "sepsis, asphyxia/depression, drug withdrawal syndrome in newborn, Erb's palsy, jaundice (greater than ten in first forty-eight hours)."
- Delete under 38a "hydramnios."
- Delete under item 37b "name of facility infant transferred to."

U.S. STANDARD REPORT OF FETAL DEATH

- Add "or descent? (ancestry)" to "of Hispanic origin."
- Add "Asian or Pacific Islander" to "race."
- Add "Hispanic" to "race."
- Add "more than twenty weeks, less than twenty weeks" to "other pregnancy outcomes."
- Add "polyhydramnios, first trimester bleeding, epilepsy, genital herpes, syphilis, rubella--test positive."
- Add "fetal hemorrhage, placenta and cord conditions (specify), hemolytic disease, fetal hydrops, shoulder dystocia, other (specify), and none."
- Add "C-section with no labor" and "C-section with trial of labor."
- Delete under item 23a "hydramnios and uterine bleeding."
- Delete under item 26 "hysterotomy/hysterectomy."

[Statutory Authority: RCW 70.58.200. 88-19-092 (Order 310), § 248-124-010, filed 9/20/88. Statutory Authority: RCW 43.20.050 and 70.58.200. 84-02-004 (Order 270), § 248-124-010, filed 12/23/83; Order, § 248-124-010, filed 9/1/67.]

WAC 248-124-015 Confidential information on state of Washington live birth and fetal death certificates pursuant to RCW 70.58.200. The confidential sections of the certificate of live birth and the certificate of fetal death shall not be subject to public inspection and shall not be included on certified copies of the record except upon order of a court.

[Statutory Authority: RCW 70.58.200, 88-19-092 (Order 310), § 248-124-015, filed 9/20/88.]

WAC 248-124-160 Adoption of United States standard certificates and report--Modifications pursuant to RCW 43.20A.620. The department adopts and approves for use in the state of Washington, effective January 1, 1989, the 1988 revisions of the United States standard forms for live birth, death, fetal death, marriage, and dissolution. These forms are developed by the United States Department of Health and Human Services, National Center for Health Statistics. With the exception of the confidential section, the department may modify any part of these forms and shall make the following modifications:

U.S. STANDARD CERTIFICATE OF LIVE BIRTH.

Add "mother's request to issue Social Security number."
Add "record amendment."

U.S. STANDARD CERTIFICATE OF DEATH.

Add "citizen of what country."
Under "place of death" add "in transport," "hospital."
Add "smoking in last fifteen years."
Add "or descent" after "of Hispanic origin."
Add "Asian-Pacific Islander" after "race."
Add "date of disposition."
Add "hour pronounced dead (24-hours)."
Add "Record amended section."
Delete "license number (funeral director)" under item 21b.
Delete "License number (certifier)" under item 23b.
Delete "were autopsy findings available prior to completion of cause of death yes/no" under item 28b.
Delete check boxes under item 20a.
Delete "donation" under item 20a.
Delete check boxes under item 31a.
Delete item 32.
Delete "inpatient" under item 9a.
Delete check boxes under item 29.
Delete "natural" under item 29.

U.S. STANDARD REPORT OF FETAL DEATH.

Add "fetus name."
Add "time of delivery."
Add "place of delivery."
Add "state of birth."
Add "registrar signature."
Add "date filed."
Add "burial, cremation, removal, other (specify)."
Add "date (burial)."
Add "cemetery/crematory-name."
Add "location (cemetery)."
Add "funeral director signature."
Add "name of facility."
Add "address of facility."
Add "autopsy yes/no."
Add "certification statement."
Change title to "certificate of fetal death."

U.S. STANDARD LICENSE AND CERTIFICATE OF MARRIAGE.

Change title to "certificate of marriage."
Add "type of ceremony (religious/civil ceremony)."
Add "officiant - date signed."
Add "inside of city limits for bride and groom."
Delete "age last birthday" for the groom under item 2.
Delete "age last birthday" for the bride under item 9.
Delete "license to marry" section.
Delete "expiration date of license" under item 17.
Delete "title of issuing official" under item 20.
Delete "confidential information" under items 27 through 30b.

U.S. STANDARD CERTIFICATE OF DIVORCE, DISSOLUTION OF MARRIAGE, OR ANNULMENT.

Change title to "certificate of dissolution, declaration of invalidity of marriage or legal separation."
Add check boxes for "type of decree."
Add "inside city limits" for both parties.
Delete "date couple last resided in same household" under item 11.
Change "number of children under eighteen in this household as of this date" to "number of children born alive of this marriage" under item 12.
Delete check boxes for "petitioner" under item 13.
Delete section "number of children under eighteen whose physical custody was awarded to" under item 18.
Delete "title of court" under item 20.
Delete "title of certifying official" under item 22.
Delete "date signed" under item 23.
Delete "confidential information" under items 24 through 27b.

[Statutory Authority: RCW 43.20A.620, 88-19-034 (Order 2696), § 248-124-160, filed 9/12/88.]

Chapter 248-148 WAC

SCHOOL DISTRICTS--AUDITORY AND VISUAL STANDARDS

WAC

AUDITORY ACUITY STANDARDS

248-148-020 Repealed.
248-148-021 Criteria for selection of children for screening.
248-148-030 Repealed.
248-148-031 Auditory acuity screening standards--Screening equipment and procedures.
248-148-035 Auditory acuity screening procedures.
248-148-040 Repealed.
248-148-050 Repealed.
248-148-060 Repealed.
248-148-070 Repealed.
248-148-080 Repealed.
248-148-090 Repealed.
248-148-091 Auditory acuity screening failure--Referral procedures.
248-148-100 Repealed.
248-148-101 Auditory acuity screening--Qualification of personnel.

VISUAL ACUITY STANDARDS

248-148-110 Repealed.

- 248-148-120 Repealed.
- 248-148-121 Visual acuity screening equipment.
- 248-148-123 Visual acuity screening procedures.
- 248-148-130 Repealed.
- 248-148-131 Visual acuity screening failure—Referral procedures.
- 248-148-140 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 248-148-020 Criteria for selection of children for screening. [Statutory Authority: RCW 28A.31.030. 78-06-085 (Order 155), § 248-148-020, filed 6/2/78; Order 63, § 248-144-020 (codified as WAC 248-148-020), filed 11/1/71.] Repealed by 87-22-010 (Order 306), filed 10/26/87. Statutory Authority: RCW 28A.31.030.
- 248-148-030 Equipment for screening. [Order 63, § 248-144-030 (codified as WAC 248-148-030), filed 11/1/71.] Repealed by 87-22-010 (Order 306), filed 10/26/87. Statutory Authority: RCW 28A.31.030.
- 248-148-040 Screening method. [Order 63, § 248-144-040 (codified as WAC 248-148-040), filed 11/1/71.] Repealed by 87-22-010 (Order 306), filed 10/26/87. Statutory Authority: RCW 28A.31.030.
- 248-148-050 Screening frequencies. [Order 63, § 248-144-050 (codified as WAC 248-148-050), filed 11/1/71.] Repealed by 87-22-010 (Order 306), filed 10/26/87. Statutory Authority: RCW 28A.31.030.
- 248-148-060 Screening levels. [Order 63, § 248-144-060 (codified as WAC 248-148-060), filed 11/1/71.] Repealed by 87-22-010 (Order 306), filed 10/26/87. Statutory Authority: RCW 28A.31.030.
- 248-148-070 Screening environment. [Order 63, § 248-144-070 (codified as WAC 248-148-070), filed 11/1/71.] Repealed by 87-22-010 (Order 306), filed 10/26/87. Statutory Authority: RCW 28A.31.030.
- 248-148-080 Calibration. [Order 63, § 248-144-080 (codified as WAC 248-148-080), filed 11/1/71.] Repealed by 87-22-010 (Order 306), filed 10/26/87. Statutory Authority: RCW 28A.31.030.
- 248-148-090 Screening failure. [Order 63, § 248-144-090 (codified as WAC 248-148-090), filed 11/1/71.] Repealed by 87-22-010 (Order 306), filed 10/26/87. Statutory Authority: RCW 28A.31.030.
- 248-148-100 Qualification of personnel. [Order 63, § 248-144-100 (codified as WAC 248-148-100), filed 11/1/71.] Repealed by 87-22-010 (Order 306), filed 10/26/87. Statutory Authority: RCW 28A.31.030.
- 248-148-110 Frequency of screening. [Order 63, § 248-144-110 (codified as WAC 248-148-110), filed 11/1/71.] Repealed by 87-22-010 (Order 306), filed 10/26/87. Statutory Authority: RCW 28A.31.030.
- 248-148-120 Screening procedures. [Order 63, § 248-144-120 (codified as WAC 248-148-120), filed 11/1/71.] Repealed by 87-22-010 (Order 306), filed 10/26/87. Statutory Authority: RCW 28A.31.030.
- 248-148-130 Students with screening failure. [Order 63, § 248-144-130 (codified as WAC 248-148-130), filed 11/1/71.] Repealed by 87-22-010 (Order 306), filed 10/26/87. Statutory Authority: RCW 28A.31.030.
- 248-148-140 Screening failure—Referral procedures. [Order 63, § 248-144-140 (codified as WAC 248-148-140), filed 11/1/71.] Repealed by 87-22-010 (Order 306), filed 10/26/87. Statutory Authority: RCW 28A.31.030.

AUDITORY ACUITY STANDARDS

WAC 248-148-020 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-148-021 Criteria for selection of children for screening. Boards of school directors shall require auditory and visual screening of children as follows:

(1) Schools shall screen all children in kindergarten and grades one, two, three, five, and seven.

(2) Schools shall promptly screen all children having a possible loss in auditory or visual acuity referred to the district by parents, guardians, or school staff.

(3) If manpower resources permit, schools shall annually screen children at other grade levels.

[Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-021, filed 10/26/87.]

WAC 248-148-030 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-148-031 Auditory acuity screening standards—Screening equipment and procedures. (1) Schools shall use auditory screening equipment providing tonal stimuli at frequencies at one thousand, two thousand, and four thousand herz (Hz) at hearing levels of twenty or twenty-five decibels (dB), as measured at the earphones, in reference to American National Standards Institute (ANSI) 1969 standards.

(2) Qualified persons shall check the calibration of said frequencies and intensity at least every twelve months, at the earphones, using equipment designed for audiometer calibration.

[Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-031, filed 10/26/87.]

WAC 248-148-035 Auditory acuity screening procedures. (1) Schools shall screen all children referenced in WAC 248-148-021 on an individual basis at one thousand, two thousand, and four thousand Hz.

(2) The screener shall:

(a) Present each of the tonal stimuli at a hearing level of twenty or twenty-five dB based on the ANSI 1969 standards;

(b) Conduct screenings in an environment free of extraneous noise;

(c) If at all possible, complete screening within the first semester of each school year;

(d) Place the results of screenings, any referrals, and results of such referrals in each student's health and/or school record; and

(e) Forward the results to the student's new school if the student transfers.

[Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-035, filed 10/26/87.]

WAC 248-148-040 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-148-050 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-148-060 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-148-070 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-148-080 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-148-090 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-148-091 Auditory acuity screening failure--Referral procedures. Boards of school directors shall establish procedures requiring school districts:

(1) Rescreen students not responding to one or more frequencies in either ear in three to six weeks after the initial screening, and notify their teachers of the need for preferential positioning in class because of the possibility of decreased hearing.

(2) Notify parents of the need for audiological evaluation if the student fails the second screening.

(3) Schools shall notify parents of the need for medical evaluation if:

- (a) Indicated by audiological evaluation, or
- (b) Audiological evaluation is not available.

[Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-091, filed 10/26/87.]

WAC 248-148-100 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-148-101 Auditory acuity screening--Qualification of personnel. Each school district shall designate a district audiologist or district staff member having:

(1) Responsibility for the administration of the auditory screening program in conformity with these regulations, and

(2) Training and experience appropriate to:

(a) Develop an administrative plan for conducting auditory screening in cooperation with the appropriate school personnel in order to ensure the program can be carried out efficiently and effectively;

(b) Obtain the necessary instrumentation for carrying out the screening program, and ensuring the equipment is in proper working order and calibration; and

(c) Secure appropriate personnel for carrying out the screening program, if such assistance is necessary, and for assuring such personnel are sufficiently trained to:

(i) Understand the purposes and regulations involved in the auditory screening programs; and

(ii) Utilize the screening equipment in an appropriate manner to ensure maximum accuracy.

(d) Ensure records are made and distributed as appropriate; and

(e) Disseminate information to other school personnel acquainting them with aspects of a child's behavior denoting the need for referral for auditory screening.

[Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-101, filed 10/26/87.]

VISUAL ACUITY STANDARDS

WAC 248-148-110 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-148-120 Repealed. See Disposition Table at beginning of this chapter.

[1988 WAC Supp--page 984]

WAC 248-148-121 Visual acuity screening equipment. Boards of school districts shall require personnel conducting the screening use a Snellen test chart for screening for distance central vision acuity: *Provided*, That either the Snellen E chart or the standard Snellen distance acuity chart may be used as appropriate to the child's age and abilities. The test chart shall be properly illuminated and glare free.

Other screening procedures equivalent to the Snellen test may be used only if approved by the state board of health.

[Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-121, filed 10/26/87.]

WAC 248-148-123 Visual acuity screening procedures. (1) Schools shall:

(a) Screen children wearing glasses for distance viewing with their glasses on;

(b) Place the results of screening, any referrals, and results of such referrals in each student's health and/or school record; and

(c) Forward the results to the student's new school if the student transfers.

(2) When a child is observed by school personnel to demonstrate other signs or symptoms related to eye problems to the extent such signs or symptoms negatively influence the child in his or her studies, school personnel shall refer the child to the parents or guardians for professional care.

[Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-123, filed 10/26/87.]

WAC 248-148-130 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-148-131 Visual acuity screening failure--Referral procedures. Boards of school directors shall require schools rescreen students having a visual acuity of 20/40 or less in either eye as determined by the Snellen test or its approved equivalent within two weeks or as soon as possible after the original screening. Failure is indicated by the inability to identify the majority of letters or symbols on the thirty foot line of the test chart at a distance of twenty feet.

Schools shall inform parents or guardians of students failing the second screening, in writing, of the need and importance of the child receiving professional care.

[Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-131, filed 10/26/87.]

WAC 248-148-140 Repealed. See Disposition Table at beginning of this chapter.

Chapter 248-168 WAC HUMAN IMMUNODEFICIENCY VIRUS INFECTION TREATMENT

WAC

248-168-010 Purpose.
248-168-020 Services.
248-168-030 Reimbursements.

- 248-168-040 Eligibility.
- 248-168-050 Transfer of resources without adequate consideration.
- 248-168-060 Fiscal information.

WAC 248-168-010 Purpose. The department of social and health services (DSHS) shall administer federal funds awarded to assist a person in need of Zidovudine, or other drugs available in the future. These drugs are used for the treatment of various stages of infection with the human immunodeficiency virus (HIV).

[Statutory Authority: 43.20A.550. 87-22-012 (Order 2549), § 248-168-010, filed 10/26/87.]

WAC 248-168-020 Services. To the extent federal funds are available, DSHS shall reimburse a participating pharmacy for costs of dispensing Zidovudine to an eligible individual suffering from infection with HIV.

[Statutory Authority: 43.20A.550. 87-22-012 (Order 2549), § 248-168-020, filed 10/26/87.]

WAC 248-168-030 Reimbursements. Reimbursement shall be made upon receipt of documented evidence the individual receiving the Zidovudine has met medical and financial eligibility requirements as established by the department.

[Statutory Authority: 43.20A.550. 87-22-012 (Order 2549), § 248-168-030, filed 10/26/87.]

WAC 248-168-040 Eligibility. (1) The department shall:

(a) Establish medical eligibility criteria as determined by nationally recognized expert medical authorities allowing for the selection of a patient in greatest need or who would benefit the most; and

(b) Generally consider a patient eligible if he or she has resources at or below the exemptions listed below in subsection (3) of this section and is ineligible for all other resources providing similar benefits to meet the costs of this treatment.

(2) Resources. The department shall consider the following in determining resources:

(a) Income in excess of a level necessary to maintain a moderate standard of living, as defined by the department, using accepted national standards;

(b) Savings, property, and other assets;

(c) Government and private medical insurance programs, including Medicaid, providing partial or full coverage for drugs needed in the treatment of infection with HIV; and

(d) Local funds raised for the purpose of providing financial support for a specified patient.

(3) Exemptions are as follows:

(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; and

(b) Commercial property, or property used for the purpose of producing income, shall be considered excess property and subject to the limitations of subsection (3)(b)(iii) of this section:

- (i) Household furnishings;
- (ii) An automobile; and

(iii) Savings, property, or other assets, the value not to exceed the sum of ten thousand dollars.

[Statutory Authority: 43.20A.550. 87-22-012 (Order 2549), § 248-168-040, filed 10/26/87.]

WAC 248-168-050 Transfer of resources without adequate consideration. An individual shall be 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: 43.20A.550. 87-22-012 (Order 2549), § 248-168-050, filed 10/26/87.]

WAC 248-168-060 Fiscal information. An individual shall provide fiscal information upon request of the department. Such information shall include:

(1) Sources and amounts of resources to verify financial eligibility,

(2) Evidence all other available resources have been used before requests for reimbursement from the state program are submitted to the department, and

(3) Such other information as may be required by the department.

[Statutory Authority: 43.20A.550. 87-22-012 (Order 2549), § 248-168-060, filed 10/26/87.]

**Chapter 248-172 WAC
GENERAL PROVISIONS**

WAC	
248-172-101	Definitions.
248-172-201	Eligibility requirements.
248-172-202	Approval of application for initial device or request for replacement device.
248-172-203	Denial of initial application or request for replacement device.
248-172-204	Reapplication process.
248-172-205	Notice of approval or denial.
248-172-206	Review by department.
248-172-301	Distribution centers.
248-172-302	Training.
248-172-303	Ownership and liability.
248-172-304	Out-of-state use.
248-172-401	TDD advisory committee appointment.
248-172-402	Responsibilities of TDD advisory committee.

WAC 248-172-101 Definitions. The following definitions shall apply in this chapter, unless the context otherwise requires:

(1) "Amplifier" means an electrical device for use with a telephone which amplifies the sounds being received during a telephone call.

(2) "Applicant" means a person who applies for a telecommunication device for the deaf (hereinafter TDD), signal device, or amplifier.

(3) "Audiologist" means a person who has a masters or doctoral degree in audiology and a certificate of clinical competence in audiology from the American Speech, Hearing, and Language Association.

(4) "Deaf-blind" means a hearing loss and a visual impairment that require use of a TDD to communicate effectively on the telephone, and may require a specific TDD for a person with limited sight, as certified pursuant to WAC 248-172-201.

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

(6) "Distribution center" means a facility under contract to DSHS to distribute TDDs, signal devices, and amplifiers, provide training in the use of that equipment, and receive equipment in need of repair or being returned.

(7) "Hearing impaired" means a hearing loss that requires use of either a TDD or an amplifier to communicate effectively on the telephone, and requires the use of a signal device to indicate when the telephone is ringing, as certified pursuant to WAC 248-172-201.

(8) "ODS" means the office of deaf services, department of social and health services.

(9) "Out-of-area" means any location more than 100 miles radius from a contract distribution center.

(10) "Qualified trainer" means a person who is knowledgeable about TDDs, signal devices, and amplifying accessories, and their appropriate use for recipients with differing hearing impairments and for those who are also vision impaired. This person shall also be fluent in American sign language, as well as being able to communicate with hearing-impaired persons who use other communication modes.

(11) "Recipient" means any person who has received a state-issued TDD, signal device, or amplifier.

(12) "School age" means any child who has reached six years of age, pursuant to WAC 388-73-012.

(13) "Signal device" means electronic device that alerts a hearing-impaired or deaf-blind applicant of an incoming telephone call.

(14) "Telecommunication device for the deaf" (TDD) means an electrical device for use with a telephone that utilizes a keyboard, acoustic coupler, display screen, and/or braille display to transmit and receive messages.

(15) "Telephone relay center" means a facility authorized by ODS to provide telephone relay services.

(16) "Telephone relay service" means the provision of voice and teletype communication between users of TDDs and other parties using telephones without TDDs.

[Statutory Authority: 1987 c 304. 88-04-090 (Order 2595), § 248-172-101, filed 2/3/88.]

WAC 248-172-201 Eligibility requirements. (1) Eligible applicants shall be:

- (a) Hearing impaired; or
- (b) Deaf-blind; and
- (c) At least school age.

(2) Eligible applicants shall be certified in writing as hearing impaired or deaf-blind by one of the following:

- (a) A person licensed to practice medicine in the state of Washington;
- (b) An audiologist as specified under WAC 248-172-101(2);
- (c) A vocational rehabilitation counselor in a local division of vocational rehabilitation office;

(d) One of the deaf specialists or coordinators at one of the four community service centers for the deaf and hard of hearing in Seattle, Tacoma, Spokane, and Yakima;

(e) A deaf-blind specialist or coordinator at Helen Keller regional office, Washington deaf blind service center, or eye specialist; and

(f) Any other individual signing the certification of impairment for an applicant shall attach a written statement of their qualifications to make this determination, subject to approval from ODS.

(3) ODS may require additional documentation to determine if the applicant meets the foregoing eligibility requirements.

(4) To receive a TDD, an eligible applicant or his or her legal guardian or legal custodian shall demonstrate an ability to send and receive messages with a TDD, during the training session required by WAC 248-172-302.

[Statutory Authority: 1987 c 304. 88-04-090 (Order 2595), § 248-172-201, filed 2/3/88.]

WAC 248-172-202 Approval of application for initial device or request for replacement device. (1) If an applicant is determined to be eligible, ODS shall approve the application except as stated in WAC 248-172-203 (1)(a) or (b).

(2) If a recipient is determined to need a replacement TDD or other accessory, and is not disqualified pursuant to WAC 248-172-203(2), ODS shall approve the request.

(3) Initial or replacement equipment will be provided based upon the availability of equipment and/or funds.

[Statutory Authority: 1987 c 304. 88-04-090 (Order 2595), § 248-172-202, filed 2/3/88.]

WAC 248-172-203 Denial of initial application or request for replacement device. (1) Denial of initial application. ODS shall deny an original application for a TDD or other device if:

- (a) Applicant does not meet the eligibility requirements of WAC 248-172-201; or
- (b) Applicant has already been issued a similar device.

(2) Denial of replacement request. ODS shall deny a request for replacement of a TDD or other device if:

- (a) The device previously issued has, either through negligence or intent, been subjected to abuse, misuse, unauthorized repair, or other negligent or intentional conduct damaging to the equipment; or
- (b) The recipient fails to file with the police a report of the stolen device within ten working days of discovering the theft; or
- (c) The recipient has lost the device; and
- (d) The recipient can show reasonable cause for the damage or loss, the ODS may, in its discretion, issue a replacement issue.

[Statutory Authority: 1987 c 304. 88-04-090 (Order 2595), § 248-172-203, filed 2/3/88.]

WAC 248-172-204 Reapplication process. (1) An applicant, whose initial application was denied by ODS, may reapply for service when the circumstances, which resulted in the original denial, cease to exist.

(2) An applicant, whose application for replacement equipment was denied, may reapply if:

- (a) They pay a damage deposit of an amount determined by ODS; and
- (b) It has been a year since the initial denial; or
- (c) ODS has been reimbursed.

[Statutory Authority: 1987 c 304. 88-04-090 (Order 2595), § 248-172-204, filed 2/3/88.]

WAC 248-172-205 Notice of approval or denial. (1) Approved applications. When an original application has been approved, ODS shall inform the applicant in writing of:

(a) The location of the distribution center or out-of-area address where applicant may receive the TDD, signal device, or amplifier, or combination of those which has been approved; and

(b) The contact person or agency for the applicant to contact to arrange for the required training, in the case of approval of an application for a TDD or an amplifier.

(2) Approved requests for replacement. When a request for a replacement TDD or other device has been approved, the ODS shall inform the recipient of the procedure for obtaining a replacement device.

(3) Denied applications or requests for replacement. If an original application or replacement request is denied, ODS shall inform the applicant or recipient in writing of the reasons for the denial and of any applicable procedures for appeal, as well as the circumstances under which that individual may reapply.

[Statutory Authority: 1987 c 304. 88-04-090 (Order 2595), § 248-172-205, filed 2/3/88.]

WAC 248-172-206 Review by department. (1) An applicant or recipient, whose request for an original or replacement device governed under these regulations has been denied, may request a review of this decision by the department. This request must be submitted in writing to ODS, specifying the basis for the request, and must be received by ODS within 30 days of the receipt of the denial notice.

(2) Postmarked within 30 days of mailing the denial, the request for review, the department shall inform the applicant or recipient in writing of the disposition of the request.

(3) If the applicant or recipient disagrees with the decision by the department, the applicant or recipient may appeal as pursuant to chapters 10-08 and 388-08 WAC.

[Statutory Authority: 1987 c 304. 88-04-090 (Order 2595), § 248-172-206, filed 2/3/88.]

WAC 248-172-301 Distribution centers. (1) The department shall issue contracts on a competitive basis, to qualified persons or agencies, to act as distribution centers. The department shall ensure reasonable accessibility to such centers for all hearing-impaired and deaf-blind individuals in the state.

(2) ODS, in cooperation with the TDD advisory committee, shall have responsibility for development of qualifying criteria for potential contractors to act as distribution centers.

(3) Distribution centers shall have various responsibilities, which include, but are not limited to:

(a) Conducting trainings for the applicants in the use of the equipment;

(b) Requiring all recipients, legal guardians, or legal custodians to sign a condition of acceptance form supplied by ODS; and

(c) Distributing TDDs, amplifiers, and signal devices to applicants.

(d) Issuing a replacement device to an applicant, determined by ODS to be eligible under WAC 248-172-201, except when that applicant is denied a replacement pursuant to WAC 248-172-203(2);

(e) Accepting a device needing repair; and

(f) Delivering a malfunctioned device to a repair center designated by ODS.

(4) ODS shall be responsible for arranging necessary training and distribution of a device to an individual who is an "out-of-area" resident.

(5) Neither the ODS nor the contract distribution centers shall provide replacement paper for TDDs, replacement light bulbs for signal devices, payment of the recipient's telephone bill, or any other extraneous cost incurred by the recipient in the use of any devices distributed under these regulations.

(6) ODS shall provide for all routine maintenance and repair of the equipment due to normal use.

[Statutory Authority: 1987 c 304. 88-04-090 (Order 2595), § 248-172-301, filed 2/3/88.]

WAC 248-172-302 Training. (1) The distribution centers shall provide training to all recipients, legal guardians, or legal custodians in accordance with guidelines established by the TDD advisory committee.

(2) No applicant shall be issued a device until the applicant has completed the required training. If the applicant is under 18 years of age, his or her legal guardian or legal custodian shall also attend the training. The applicant or his or her legal guardian or legal custodian shall also demonstrate the ability to utilize the device being issued at the discretion of the trainer.

(3) At the discretion of ODS, any recipient who has been issued a device in the past, and is being issued a replacement device, may be required to retake training prior to such issuance.

[Statutory Authority: 1987 c 304. 88-04-090 (Order 2595), § 248-172-302, filed 2/3/88.]

WAC 248-172-303 Ownership and liability. (1) All TDDs and other devices pursuant to chapter 304, Laws of 1987, are the sole property of the state of Washington.

(2) A recipient, his or her legal guardian, or legal custodian shall return a TDD and/or other device to the ODS or appropriate distribution center when the recipient:

(a) Moves their permanent residence to a location outside Washington;

(b) Does not have need of the device; or

(c) Has been notified by ODS to return the device.

(3) A recipient, and/or his or her legal guardian, or legal custodian are liable for any damage to or loss of any device issued under these regulations.

(4) ODS shall establish policies for the sale of any device returned and no longer appropriate for reassignment.

[Statutory Authority: 1987 c 304. 88-04-090 (Order 2595), § 248-172-303, filed 2/3/88.]

WAC 248-172-304 Out-of-state use. (1) No person shall remove a TDD or other device from the state of Washington for a period longer than 90 days without the written permission of ODS.

(2) ODS may grant permission to remove a TDD or other device from the state for more than 90 days if ODS determines it is in the best interest of the recipient and the department.

[Statutory Authority: 1987 c 304. 88-04-090 (Order 2595), § 248-172-304, filed 2/3/88.]

WAC 248-172-401 TDD advisory committee appointment. (1) The DSHS advisory committee on deafness, with the assistance of ODS, shall establish a TDD advisory committee. The committee shall include representation from:

(a) Hearing-impaired communities in Washington state;

(b) The department;

(c) The Washington utilities and transportation commission;

(d) Local telephone exchange companies; and

(e) Agencies and services serving a hearing-impaired person.

(2) The term of office on the committee shall be three years with the possibility of reappointment for the second term.

(3) Members under WAC 248-172-401 (1)(a) shall have voting rights. The rest of the committee shall serve as ex-officio members.

(4) The committee shall determine the appointment of the chairperson for that committee by vote of the membership.

(5) The committee shall meet as necessary to fulfill the objectives of the committee and ODS.

(6) ODS shall arrange the site and make other arrangements for all committee meetings.

[Statutory Authority: 1987 c 304. 88-04-090 (Order 2595), § 248-172-401, filed 2/3/88.]

WAC 248-172-402 Responsibilities of TDD advisory committee. (1) The committee shall:

(a) Study the feasibility of implementing a statewide telecommunications relay system;

(b) Monitor, in conjunction with ODS, the activities and money being spent by the department for this program;

[1988 WAC Supp—page 988]

(c) Establish criteria for and specify statewide organizations representing a hearing-impaired person, for purposes of these regulations; and

(d) Study and determine the number of hearing-impaired persons who have party lines and the costs of converting those lines to single lines. The committee shall report these study findings to the Washington utilities and transportation commission by no later than July 27, 1988.

(2) In order to carry out the above, the TDD advisory committee shall receive from ODS a semi-annual status report of activities and expenditures related to this program.

[Statutory Authority: 1987 c 304. 88-04-090 (Order 2595), § 248-172-402, filed 2/3/88.]

Title 250 WAC

HIGHER EDUCATION COORDINATING BOARD

(Formerly: Postsecondary Education, Council for)

Chapters

250-18

Residency status for higher education.

250-20

State student financial aid program--Need grant and the federal program for state student incentive grant program Title 45, Code of Federal Regulations chapter 1, Part 192.

250-40

College work-study program.

250-44

Regulations for the administration of the displaced homemaker program.

250-60

State of Washington teacher incentive loan program for teachers of mathematics and science--Chapter 28B.15 RCW.

250-65

Future teacher conditional scholarship program chapter 28B.102 RCW.

250-66

Washington state scholars program--Rules and regulations.

250-67

Nurses conditional scholarship program--Rules and regulations.

Chapter 250-18 WAC

RESIDENCY STATUS FOR HIGHER EDUCATION

WAC

250-18-020

Student classification.

250-18-060

Exemptions from nonresident status.

WAC 250-18-020 Student classification. (1) For a student to be classified as a "resident" for tuition and fee purposes, he or she shall:

(a)(i) Have established a bona fide domicile in the state of Washington primarily for purposes other than educational for the period of one year immediately prior to commencement of the first day of the semester or quarter for which he or she has registered at any institution; and

(ii) Be financially independent; or