

Chapter 246-926 WAC

RADIOLOGICAL TECHNOLOGISTS

WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-926-160	Renewals. [Statutory Authority: RCW 18.84.040 and 18.84.110. WSR 92-05-010 (Order 237), § 246-926-160, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. WSR 89-01-015 (Order PM 802), § 308-183-150, filed 12/9/88.] Repealed by WSR 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
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WAC 246-926-020 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

- (1) "ARRT" means the American Registry of Radiologic Technologists.
- (2) "Cardiovascular invasive specialist" means a person certified under chapter 18.84 RCW to assist in cardiac or vascular catheterization procedures.
- (3) "Department" means the department of health.
- (4) "Direct supervision" means the appropriate licensed practitioner is on the premises and is quickly and easily available.

(5/2/12)

(a) For a diagnostic, therapeutic, or nuclear medicine radiologic technologist, the appropriate licensed practitioner is a physician licensed under chapter 18.71 or 18.57 RCW.

(b) For a radiologist assistant, the appropriate licensed practitioner is a radiologist.

(5) "General supervision" for a radiologist assistant means the procedure is furnished under the supervising radiologist's overall direction and control. The supervising radiologist must be on-call or be available for consultation.

(6) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(7) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(8) "Personal supervision" means the supervising physician must be in the room during the performance of the procedure.

(a) For a cardiovascular invasive specialist, the supervising physician is a physician licensed under chapter 18.71 or 18.57 RCW.

(b) For a radiologist assistant, the supervising physician is a radiologist.

(9) "Radiological technologist" means a person certified under chapter 18.84 RCW.

(10) "Radiologist" means a licensed physician licensed under chapter 18.71 or 18.57 RCW and certified by the American Board of Radiology or the American Osteopathic Board of Radiology.

(11) "Radiologist assistant" means an advanced-level diagnostic radiologic technologist certified under chapter 18.84 RCW.

(12) "Registered X-ray technician" means a person who is registered with the department, and who applies ionizing radiation at the direction of a licensed practitioner.

(13) "Unprofessional conduct" as used in this chapter means the conduct described in RCW 18.130.180.

[Statutory Authority: RCW 18.84.040 and 43.70.250. WSR 12-10-094, § 246-926-020, filed 5/2/12, effective 5/3/12. Statutory Authority: RCW 18.84.040. WSR 10-10-043, § 246-926-020, filed 4/27/10, effective 5/28/10; WSR 06-01-104, § 246-926-020, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.84.040 and 18.130.070. WSR 92-05-010 (Order 237), § 246-926-020, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-183-010, filed 6/30/89.]

WAC 246-926-030 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, profession, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the radiological technologist or X-ray technician being reported.

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(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 18.84.040 and 18.130.070. WSR 92-05-010 (Order 237), § 246-926-030, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-183-020, filed 6/30/89.]

WAC 246-926-040 Health care institutions. The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any radiological technologist's or X-ray technician's services are terminated or are restricted based on a determination that the radiological technologist or X-ray technician has either committed an act or acts which may constitute unprofessional conduct or that the radiological technologist or X-ray technician may be unable to practice with reasonable skill or safety to clients by reason of a mental or physical condition.

[Statutory Authority: RCW 18.84.040 and 18.130.070. WSR 92-05-010 (Order 237), § 246-926-040, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-183-030, filed 6/30/89.]

WAC 246-926-050 Radiological technologist associations or societies. The president or chief executive officer of any radiological technologist association or society within this state shall report to the department when the association or society determines that a radiological technologist has committed unprofessional conduct or that a radiological technologist may not be able to practice radiological technology with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the certificate holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-183-040, filed 6/30/89.]

WAC 246-926-060 Professional liability carriers.

Every institution or organization providing professional liability insurance directly or indirectly to radiological technologists or X-ray technicians shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured radiological technologist's or X-ray technician's incompetency or negligence in the practice of radiology technology. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the radiological technologist's or X-ray technician's alleged incompetence or negligence.

[Statutory Authority: RCW 18.84.040 and 18.130.070. WSR 92-05-010 (Order 237), § 246-926-060, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-183-050, filed 6/30/89.]

WAC 246-926-070 Courts. The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of radiological technologists or X-ray technicians, other than minor traffic violations.

[Statutory Authority: RCW 18.84.040 and 18.130.070. WSR 92-05-010 (Order 237), § 246-926-070, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-183-060, filed 6/30/89.]

WAC 246-926-080 State and federal agencies. The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a radiological technologist or X-ray technician is employed to provide client care services, to report to the department whenever such a radiological technologist or X-ray technician has been judged to have demonstrated his/her incompetency or negligence in the practice of radiological technology, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled radiological technologist. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 18.84.040 and 18.130.070. WSR 92-05-010 (Order 237), § 246-926-080, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-183-070, filed 6/30/89.]

WAC 246-926-090 Cooperation with investigation.

(1) A certificant or registrant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the secretary of the department of health by submitting the requested items within fourteen calendar days of receipt of the request by either the certificant, registrant or their attorney, whichever is first. If the certificant or registrant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the secretary or the secretary's designee.

(3) If the certificant or registrant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the certificant or registrant complies with the request after the issuance of the statement of charges, the secretary or the secretary's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 18.84.040 and 18.130.070. WSR 92-05-010 (Order 237), § 246-926-090, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-183-080, filed 6/30/89.]

WAC 246-926-100 Definitions—Alternative training radiologic technologists. (1) Definitions. For the purposes of certifying radiologic technologists by alternative training methods the following definitions apply:

(a) "One quarter credit hour" equals eleven "contact hours";

(b) "One semester credit hour" equals sixteen contact hours;

(c) "One contact hour" is considered to be fifty minutes lecture time or one hundred minutes laboratory time;

(d) "One clinical year" is considered to be 1900 contact hours.

(e) "Direct supervision" means the supervisory clinical evaluator is on the premises and is quickly and easily available.

(f) "Indirect supervision" means the supervising physician is on site no less than half-time.

(g) "Allied health care profession" means an occupation for which programs are accredited by the Joint Review Committee on Education in Radiologic Technology, the Joint Review Committee for Educational Programs in Nuclear Medicine Technology or the former American Medical Association Committee on Allied Health Education and Accreditation.

(h) "Formal education" means education obtained from postsecondary vocational/technical schools and institutions, community or junior colleges, and senior colleges and universities accredited by regional accrediting associations or by other recognized accrediting agencies or programs approved by the Joint Review Committee on Education in Radiologic Technology, the Joint Review Committee for Educational Programs in Nuclear Medicine Technology or the former American Medical Association Committee on Allied Health Education and Accreditation.

(2) Clinical practice experience shall be supervised and verified by the approved clinical evaluators who must be:

(a) A radiologic technologist who provides direct supervision and is certified by the department in the specialty area for which the individual in the alternative training program is requesting certification; and

(b) A physician who provides indirect supervision. The physician supervisor shall routinely critique the films and evaluate the quality of the trainees' work; or

(c) The physician who is providing indirect supervision may also provide direct supervision, when a certified nuclear medicine technologist is not available, for individuals requesting to become certified as a nuclear medicine technologist.

[Statutory Authority: RCW 18.84.040. WSR 06-01-103, § 246-926-100, filed 12/21/05, effective 1/21/06; WSR 03-10-100, § 246-926-100, filed 5/7/03, effective 6/7/03. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. WSR 89-01-015 (Order PM 802), § 308-183-090, filed 12/9/88.]

WAC 246-926-110 Diagnostic radiologic technologist—Alternative training. An individual shall have the following alternative training qualifications to be certified as a diagnostic radiologic technologist.

(1) Have obtained a high school diploma or GED equivalent, a minimum of three clinical years supervised practice experience in radiography, and completed the course content areas outlined in subsection (2) of this section; or have obtained an associate or higher degree in an allied health care profession or meets the requirements for certification as a therapeutic radiologic technologist or nuclear medicine technologist, have obtained a minimum of two clinical years supervised practice experience in radiography, and completed course content areas outlined in subsection (2) of this section.

(2) The following course content areas of training may be obtained directly by supervised clinical practice experience: Introduction to radiography, medical ethics and law, medical terminology, methods of patient care, radiographic procedures, radiographic film processing, evaluation of radiographs, radiographic pathology, introduction to quality assurance, and introduction to computer literacy. Clinical practice experience must be verified by the approved clinical evaluators.

The following course content areas of training must be obtained through formal education: Human anatomy and physiology - 100 contact hours; principles of radiographic exposure - 45 contact hours; imaging equipment - 40 contact hours; radiation physics, principles of radiation protection, and principles of radiation biology - 40 contact hours; and sectional anatomy - 33 contact hours.

(3) Individuals participating in the diagnostic radiologic technologist alternative training program must annually report to the department of health radiologic technologist program the progress of their supervised clinical hours. Notification must be made in writing and must include the street and mailing address of their program and the names of the individual's direct and indirect supervisors.

(4) Must pass an examination approved or administered by the secretary with a minimum scaled score of 75.

(5) Individuals who are registered as a diagnostic radiologic technologist with the American Registry of Radiologic

Technologists shall be considered to have met the alternative education and training requirements.

(6) Individuals educated and/or credentialed to practice as a diagnostic radiologic technologist in another country must provide official documentation of their education and training proving that they meet or exceed alternative training requirements. They must also pass an examination approved or administered by the secretary with a minimum scaled score of 75.

[Statutory Authority: RCW 18.84.040. WSR 06-01-103, § 246-926-110, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.84.040 and 18.84.080. WSR 92-05-010 (Order 237), § 246-926-110, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. WSR 89-01-015 (Order PM 802), § 308-183-100, filed 12/9/88.]

WAC 246-926-120 Therapeutic radiologic technologist—Alternative training. An individual shall have the following alternative training qualifications to be certified as a therapeutic radiologic technologist.

(1) Have obtained a baccalaureate or associate degree in one of the physical, biological sciences, or allied health care professions, or meets the requirements for certification as a diagnostic radiologic technologist or nuclear medicine technologist; have obtained a minimum of three clinical years supervised practice experience in therapeutic radiologic technology; and completed course content areas outlined in subsection (2) of this section.

(2) The following course content areas of training may be obtained by supervised clinical practice experience: Orientation to radiation therapy technology, medical ethics and law, methods of patient care, computer applications, and medical terminology. At least fifty percent of the clinical practice experience must have been in operating a linear accelerator. Clinical practice experience must be verified by the approved clinical evaluators.

The following course content areas of training must be obtained through formal education: Human anatomy and physiology - 100 contact hours; oncologic pathology - 22 contact hours; radiation oncology - 22 contact hours; radiobiology, radiation protection, and radiographic imaging - 73 contact hours; mathematics (college level algebra or above) - 55 contact hours; radiation physics - 66 contact hours; radiation oncology technique - 77 contact hours; clinical dosimetry - 150 contact hours; quality assurance - 12 contact hours; hyperthermia - 4 contact hours; and sectional anatomy - 22 contact hours.

(3) Individuals participating in the therapeutic radiologic technologist alternative training program must annually report to the department of health radiologic technologist program the progress of their supervised clinical hours. Notification must be made in writing and must include the street and mailing address of their program and the names of the individual's direct and indirect supervisors.

(4) Must pass an examination approved or administered by the secretary with a minimum scaled score of 75.

(5) Individuals who are registered as a therapeutic radiologic technologist by the American Registry of Radiologic Technologists shall be considered to have met the alternative education and training requirements.

(6) Individuals educated and/or credentialed to practice as a therapeutic radiologic technologist in another country must provide official documentation of their education and training proving that they meet or exceed alternative training requirements. They must also pass an examination approved or administered by the secretary with a minimum scaled score of 75.

[Statutory Authority: RCW 18.84.040. WSR 06-01-103, § 246-926-120, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.84.040 and 18.84.080. WSR 92-05-010 (Order 237), § 246-926-120, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. WSR 89-01-015 (Order PM 802), § 308-183-110, filed 12/9/88.]

WAC 246-926-130 Nuclear medicine technologist—Alternative training. An individual shall have the following alternative training qualifications to be certified as a nuclear medicine technologist.

(1) Have obtained a baccalaureate or associate degree in one of the physical, biological sciences, allied health care professions, or meets the requirements for certification as a diagnostic radiologic technologist or a therapeutic radiologic technologist; have obtained a minimum of two clinical years supervised practice experience in nuclear medicine technology; and completed course content areas outlined in subsection (2) of this section.

(2) The following course content areas of training may be obtained by supervised clinical practice experience: Methods of patient care, computer applications, department organization and function, nuclear medicine in-vivo and in-vitro procedures, and radionuclide therapy. Clinical practice experience must be verified by the approved clinical evaluators.

The following course content areas of training must be obtained through formal education: Radiation safety and protection - 10 contact hours; radiation biology - 10 contact hours; nuclear medicine physics and radiation physics - 80 contact hours; nuclear medicine instrumentation - 22 contact hours; statistics - 10 contact hours; radionuclide chemistry and radiopharmacology - 22 contact hours.

(3) Individuals participating in the nuclear medicine technologist alternative training program must annually report to the department of health radiologic technologist program the progress of their supervised clinical hours. Notification must be made in writing and must include the street and mailing address of their program and the names of the individual's direct and indirect supervisors.

(4) Must pass an examination approved or administered by the secretary with a minimum scaled score of 75.

(5) Individuals who are registered as a nuclear medicine technologist with the American Registry of Radiologic Technologists or with the Nuclear Medicine Technology Certification Board shall be considered to have met the alternative education and training requirements.

(6) Individuals educated and/or credentialed to practice as a nuclear medicine technologist in another country must provide official documentation of their education and training proving that they meet or exceed alternative training requirements. They must also pass an examination approved or administered by the secretary with a minimum scaled score of 75.

[Statutory Authority: RCW 18.84.040. WSR 06-01-103, § 246-926-130, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.84.040 and 18.84.080. WSR 92-05-010 (Order 237), § 246-926-130, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. WSR 89-01-015 (Order PM 802), § 308-183-120, filed 12/9/88.]

WAC 246-926-140 Approved schools for diagnostic, therapeutic, or nuclear medicine radiologic technologists. Approved schools and standards of instruction for diagnostic radiologic technologist, therapeutic radiologic technologist, and nuclear medicine technologist are those recognized as radiography, radiation therapy technology, and nuclear medicine technology educational programs that have obtained accreditation from the Joint Review Committee on Education in Radiologic Technology, the Joint Review Committee for Educational Programs in Nuclear Medicine Technology or the former American Medical Association Committee on Allied Health Education and Accreditation.

[Statutory Authority: RCW 18.84.040. WSR 10-10-043, § 246-926-140, filed 4/27/10, effective 5/28/10; WSR 06-01-104, § 246-926-140, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. WSR 89-01-015 (Order PM 802), § 308-183-130, filed 12/9/88.]

WAC 246-926-150 Certification designation for diagnostic, therapeutic, or nuclear medicine radiologic technologists. A certificate shall be designated in a particular field of radiologic technology by:

(1) The educational program completed; diagnostic radiologic technologist - radiography program; therapeutic radiologic technologist - radiation therapy technology program; and nuclear medicine technologist - nuclear medicine technology program; or

(2) By meeting the alternative training requirements established in WAC 246-926-100 and 246-926-110, 246-926-120, or 246-926-130.

[Statutory Authority: RCW 18.84.040. WSR 10-10-043, § 246-926-150, filed 4/27/10, effective 5/28/10. Statutory Authority: RCW 18.84.040 and 18.84.080. WSR 92-05-010 (Order 237), § 246-926-150, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. WSR 89-01-015 (Order PM 802), § 308-183-140, filed 12/9/88.]

WAC 246-926-170 Expired license. (1) If the license has expired for three years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If the license has expired for over three years, the practitioner must:

(a) Demonstrate competence to the standards established by the secretary;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-926-170, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.84.040 and 18.84.110. WSR 92-05-010 (Order 237), § 246-926-170, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. WSR 89-01-015 (Order PM 802), § 308-183-160, filed 12/9/88.]

(5/2/12)

WAC 246-926-180 Parenteral procedures for a diagnostic or therapeutic radiologic technologist, or a cardiovascular invasive specialist. (1) A certified diagnostic or therapeutic radiologic technologist may administer diagnostic and therapeutic agents under the direct supervision of a physician licensed under chapter 18.71 or 18.57 RCW. Diagnostic and therapeutic agents may be administered via intravenous, intramuscular, or subcutaneous injection. In addition to direct supervision, before the radiologic technologist may administer diagnostic and therapeutic agents, the following guidelines must be met:

(a) The radiologic technologist has had the prerequisite training and thorough knowledge of the particular procedure to be performed;

(b) Appropriate facilities are available for coping with any complication of the procedure as well as for emergency treatment of severe reactions to the diagnostic or therapeutic agent itself, including readily available appropriate resuscitative drugs, equipment, and personnel; and

(c) After parenteral administration of a diagnostic or therapeutic agent, competent personnel and emergency facilities must be available to the patient for at least thirty minutes in case of a delayed reaction.

(2) A cardiovascular invasive specialist may administer diagnostic and therapeutic agents during cardiac or vascular catheterization procedures under the personal supervision of a physician licensed under chapter 18.71 or 18.57 RCW. Parenteral administration includes, but is not limited to, procedures involving arteries and veins.

(3) A certified radiologic technologist or cardiovascular invasive specialist may perform venipuncture under the direct supervision of a physician licensed under chapter 18.71 or 18.57 RCW.

[Statutory Authority: RCW 18.84.040 and 43.70.250. WSR 12-10-094, § 246-926-180, filed 5/2/12, effective 5/3/12. Statutory Authority: RCW 18.84.040. WSR 10-10-043, § 246-926-180, filed 4/27/10, effective 5/28/10; WSR 06-01-104, § 246-926-180, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 43.70.040. WSR 92-19-060 (Order 302), § 246-926-180, filed 9/11/92, effective 10/12/92; WSR 91-02-049 (Order 121), recodified as § 246-926-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. WSR 89-01-015 (Order PM 802), § 308-183-170, filed 12/9/88.]

WAC 246-926-190 State examination/examination waiver/examination application deadline for diagnostic, therapeutic, or nuclear medicine radiologic technologists.

(1) The ARRT certification examinations for radiography, radiation therapy technology, and nuclear medicine technology are the state examinations for certification as a radiologic technologist.

(2) The examination shall be conducted in accordance with the ARRT security measures and contract.

(3) Applicants taking the state examination must submit the application, supporting documents, and fees to the department of health for approval prior to being scheduled to take the examination.

(4) Examination candidates shall be advised of the results of their examination in writing by the department of health.

(5) The examination candidate must have a minimum scaled score of seventy-five to pass the examination.

[Statutory Authority: RCW 18.84.040. WSR 10-10-043, § 246-926-190, filed 4/27/10, effective 5/28/10; WSR 06-01-104, § 246-926-190, filed

12/21/05, effective 1/21/06. Statutory Authority: RCW 18.84.040 and 18.84.080. WSR 92-05-010 (Order 237), § 246-926-190, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. WSR 89-01-015 (Order PM 802), § 308-183-190, filed 12/9/88.]

WAC 246-926-200 AIDS prevention and information education requirements. Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-926-200, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.84.040 and 70.24.270. WSR 92-05-010 (Order 237), § 246-926-200, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. WSR 88-22-077 (Order PM 786), § 308-183-200, filed 11/2/88.]

WAC 246-926-300 Radiologist assistant scope of practice. (1) In addition to diagnostic radiologic technologist tasks, a radiologist assistant may perform advanced diagnostic imaging procedures under the direction of a supervising radiologist. Those procedures include, but are not limited to:

- (a) Enteral and parenteral procedures;
- (b) Injecting diagnostic agents to sites other than intravenous;
- (c) Diagnostic aspirations and localizations; and
- (d) Assisting radiologists with other invasive procedures.

(2) The tasks a radiologist assistant may perform include the following:

- (a) Preimaging procedures.
- (i) Procedures that may be performed under general supervision:

(A) Review of medical records to verify patient and procedure; obtain medical history and vital signs; perform physical examination, evaluate medical record, history, and physical examination for contraindications for the procedure (e.g., compliance with preparation instructions for the procedure, pregnancy, medications). Discrepancies and/or contraindications must be reviewed with the supervising radiologist;

(B) Discuss examination/procedure details (including risks, benefits, and follow-up instructions) with patient or patient representative;

(C) Obtain informed consent (patients must be able to communicate with the radiologist for questions or further information as needed);

(D) Apply electrocardiography (ECG) leads and recognize life threatening abnormalities;

(E) Routine urinary catheterization;

(F) Venipuncture;

(G) Administer oxygen as prescribed; and

(H) Position patients to perform required procedure, using immobilization devices and modifying technique as necessary.

(ii) Procedures that may be performed under direct supervision: Nonroutine catheterization (known anatomic anomalies, recent surgeries).

(b) Pharmaceuticals.

(i) Imaging agent procedures that may be performed under general supervision:

(A) Monitor intravenous (IV) flow rate; and

(B) Monitor patients for side effects or complications and report findings to the supervising radiologist as appropriate.

(ii) Imaging contrast agent under direct supervision:

(A) Administer contrast agents and/or radiopharmaceuticals as prescribed by the radiologist; and

(B) Provide information to patients on the effects and potential side effects of the pharmaceutical required for the examination.

(iii) Oral medications, excluding imaging agents, always require direct supervision.

(iv) Parenteral medication administration procedures, excluding imaging agents, requiring direct supervision:

(A) Monitor IV flow rate; and

(B) Monitor patients for side effects or complications and report findings to the supervising radiologist as appropriate.

(v) Parenteral medication administration procedures, excluding imaging agents, requiring personal supervision:

(A) Administer general medications as prescribed by the radiologist;

(B) Administer conscious sedation medications as prescribed by the radiologist; and

(C) Provide information to patients on the effects and potential side effects of the pharmaceutical required for the examination.

(c) Imaging procedures.

(i) Procedures that may be performed under general supervision:

(A) Operate a fixed/mobile fluoroscopic unit;

(B) Document fluoroscopy time; and

(C) Assess patient's vital signs and level of anxiety and/or pain, and inform the radiologist when appropriate.

(ii) Fluoroscopic examinations and procedures that require direct supervision:

(A) Upper GI;

(B) Esophagus;

(C) Small bowel studies;

(D) Barium enema;

(E) Cystogram;

(F) T-tube cholangiogram;

(G) Hysterosalpingogram (imaging only) if OB/GYN is present in the room;

(H) Retrograde urethrogram;

(I) Nasoenteric and oroenteric feeding tube placement;

(J) Port injection;

(K) Fistulogram/sonogram;

(L) Loopogram; and

(M) Swallowing study.

(iii) Fluoroscopic examinations and procedures that require personal supervision: Hysterosalpingogram (imaging only) if OB/GYN is not present in the room.

(iv) Contrast media administration and needle or catheter placement.

(A) Procedures that may be performed under general supervision: Basic peripherally inserted central catheter (PICC) placement.

(B) Procedures that may be performed under direct supervision:

(I) Joint injection and aspiration;

(II) Arthrogram (conventional, computed tomography (CT), and magnetic resonance (MR));

(III) Complex peripherally inserted central catheter (PICC) placement;

(IV) Thoracentesis and paracentesis with appropriate image guidance; and

(V) Lower extremity venography.

(C) Procedures that may be performed under personal supervision:

(I) Lumbar puncture under fluoroscopic guidance;

(II) Lumbar, thoracic, and cervical myelogram;

(III) Nontunneled venous central line placement;

(IV) Venous catheter placement for dialysis;

(V) Breast needle localization; and

(VI) Ductogram (galactogram).

(d) Image review, requires general supervision:

(i) Evaluate images for completeness and diagnostic quality;

(ii) Recommend additional images in the same modality as required (general radiography, CT, MR);

(iii) Evaluate images for diagnostic utility and report clinical observations to the radiologist;

(iv) Review imaging procedures, make initial observations, and communicate observations only to the radiologist; and

(v) Perform post-processing procedures:

(A) Routine CT (e.g., 3D reconstruction, modifications to field of vision (FOV), slice spacing, algorithm);

(B) Specialized CT (e.g., cardiac scoring, shunt graft measurements); and

(C) MR data analysis (e.g., 3D reconstructions, maximum intensity projection (MIP), 3D surface rendering, volume rendering).

(e) Postprocedures, requires general supervision:

(i) Record previously communicated initial observations of imaging procedures according to approved protocols;

(ii) Communicate radiologist's report to referring physician;

(iii) Provide radiologist-prescribed post care instructions to patients;

(iv) Perform follow-up patient evaluation and communicate findings to the radiologist;

(v) Document procedure in appropriate record and document exceptions from established protocol or procedure; and

(vi) Write patient discharge summary for review and cosignature by radiologist.

(f) Other procedures.

(i) Procedures that may be performed under general supervision:

(A) Participate in quality improvement activities within radiology practice (e.g., quality of care, patient flow, reject-repeat analysis, patient satisfaction); and

(B) Assist with data collection and review for clinical trials or other research.

(ii) Procedures that may be performed under personal supervision: Additional procedures deemed appropriate by the radiologist.

(g) When performing any task or procedure, the radiologist assistant must be able to recognize and respond to medical emergencies (e.g., drug reactions, cardiac arrest, hypogly-

cemia) and activate emergency response systems, including notification of the radiologist.

(3) Initial findings and observations made by a radiologist assistant communicated solely to the supervising radiologist do not constitute diagnoses or interpretations.

(4) At the direction of the supervising radiologist, a radiologist assistant may administer imaging agents and prescribed medications; however, nothing in this chapter allows a radiologist assistant to prescribe medications.

[Statutory Authority: RCW 18.84.040. WSR 10-10-043, § 246-926-300, filed 4/27/10, effective 5/28/10.]

WAC 246-926-310 What are the requirements to be certified as a radiologist assistant? (1) Individuals wanting to be certified as a radiologist assistant must:

(a) Graduate from an educational program recognized by the ARRT;

(b) Obtain a passing score on the national ARRT registered radiologist assistant examination; and

(c) Submit the application, supporting documents, and fees to the department of health.

(2) An individual certified as a radiologist practitioner assistant through the certification board of radiology practitioner assistants who takes and passes the national ARRT registered radiologist assistant examination by December 31, 2011, shall be considered to have met the education and examination requirements for certification as a radiologist assistant.

[Statutory Authority: RCW 18.84.040. WSR 10-10-043, § 246-926-310, filed 4/27/10, effective 5/28/10.]

WAC 246-926-320 Radiologist assistant—Supervisory plans. (1) A radiologist assistant must submit to the department a supervisory plan on a form approved by the department.

(a) The plan must be approved before the radiologist assistant can practice.

(b) The plan must be signed by both the radiologist assistant and a radiologist licensed in this state.

(c) A radiologist assistant may assist a radiologist other than his or her supervising radiologist so long as it is done with the knowledge and agreement of the supervising radiologist, and is reflected in an approved supervisory plan.

(2) A radiologist assistant can have multiple supervisory plans provided each one is approved by the department.

(3) A radiologist assistant does not have to be employed by his or her supervising radiologist.

(4) Changes to supervisory plans.

(a) The radiologist assistant must submit a new supervisory plan to change any part of the supervisory plan. The changes are not effective until the new plan is approved by the department.

(b) If the supervisory relationship ends, the radiologist assistant must immediately cease practice under that plan and must notify the department in writing within seven calendar days.

[Statutory Authority: RCW 18.84.040. WSR 10-10-043, § 246-926-320, filed 4/27/10, effective 5/28/10.]

WAC 246-926-400 Cardiovascular invasive specialist scope of practice. (1) A cardiovascular invasive specialist assists in cardiac or vascular catheterization procedures in the role of either:

(a) A monitoring technologist, who documents every action during a catheterization procedure and monitors the patient's status, reporting any irregularities to the surgical team;

(b) A circulating technologist, who provides assistance to the surgical team from outside the sterile field; or

(c) A sterile/scrub technologist, who directly assists the physician during the catheterization procedure.

Except as provided in subsection (8) of this section, no cardiovascular invasive specialist shall perform the tasks of more than one role during any individual procedure. All intraprocedure tasks in any role must be performed under personal supervision.

(2) The preprocedure tasks a cardiovascular invasive specialist may perform in any role include:

(a) Prepare sterile table and necessary supplies;

(b) Verify patient identification;

(c) Verify or facilitate patient consent;

(d) Verify history and physical information to include:

(i) Chief complaint;

(ii) History of present illness;

(iii) Current medications;

(iv) Laboratory results;

(v) Test reports, as necessary, such as X rays and/or electrocardiograms (ECG);

(vi) Past medical history;

(vii) Family and social history; and

(e) Obtain blood samples as allowed under WAC 246-926-180(3).

(3) The intraprocedure and post-procedure tasks a cardiovascular invasive specialist may perform in the role of a monitoring technologist include:

(a) Operate physiologic monitoring and recording equipment;

(b) Capture and input data for procedural calculations;

(c) Monitor, identify, measure, and record information from electrocardiograms (ECG), intracardiac electrograms, and pressure waveforms;

(d) Document each step and action during a procedure; and

(e) Inform the physician and team members of noted abnormalities.

(4) The intraprocedure tasks a cardiovascular invasive specialist may perform in the role of a sterile/scrub technologist include:

(a) Administer local anesthetic as allowed under WAC 246-926-180;

(b) Gain arterial/venous access;

(c) Insert and flush vascular sheath;

(d) Assist with insertion and manipulation of guidewires, catheters, and pacing leads;

(e) Assist with implantation of leads and devices for implantable devices, such as pacemakers or implantable cardioverter-defibrillators (ICDs);

(f) Close implantable device pockets;

(g) Assist in ablation of intracardiac lesions;

(h) Assist with performing intracardiac mapping;

(i) Assist with performing intracardiac lead extraction;

(j) Assist with obtaining invasive hemodynamic data, cardiac outputs, and blood samples;

(k) Inject contrast as allowed under WAC 246-926-180 for visualizing cardiovascular anatomical structures either manually or with the aid of a mechanical contrast device;

(l) Administer medications related to cardiac or vascular catheterization as directed by the physician;

(m) Assist with obtaining tissue samples for biopsy; and

(n) Operate intravascular ultrasound/intracardiac echocardiography (IVUS/ICE), fluoroscopy, and other imaging modalities.

(5) The intraprocedure tasks a cardiovascular invasive specialist may perform in the role of a circulating technologist include:

(a) Maintain sterile field and equipment supply;

(b) Set-up and operate ancillary equipment to include:

(i) Contrast injectors;

(ii) IVUS/ICE;

(iii) Fractional flow reserve/coronary flow reserve (FFR/CFR);

(iv) Atherectomy/thrombectomy devices and consoles;

(v) Intra-aortic balloon pump;

(vi) Percutaneous ventricular assist devices;

(vii) Pacemakers, automated implantable cardioverter defibrillators (AICD), and temporary pacemakers;

(viii) Pacemaker and AICD programmers;

(ix) Ablation devices;

(x) Intracardiac mapping devices;

(xi) Lead extraction devices;

(xii) Electrophysiologic stimulators;

(xiii) Other diagnostic, interventional, and mechanical support devices;

(xiv) Activated coagulation time (ACT) and other coagulation studies;

(xv) Whole blood oximetry; and

(xvi) Arterial blood gas (ABG).

(6) The post-procedure access site tasks a cardiovascular invasive specialist may perform in the role of either circulating technologist or sterile/scrub technologist include the following:

(a) Manually remove vascular sheath/catheter;

(b) Secure retained sheath/catheter;

(c) Use compression devices;

(d) Use vascular closure devices; and

(e) Instruct patient on care of site.

(7) The post-procedure patient care tasks a cardiovascular invasive specialist may perform in any role include the following:

(a) Monitor and assess patient ECG, vital signs, and level of consciousness;

(b) Identify, monitor, and compress rebleeds and/or hematomas;

(c) Assess distal pulses; and

(d) Document patient chart as appropriate.

(8) On an individual case basis and at the sole discretion of the physician, a cardiovascular invasive specialist may assume the dual role of monitoring and circulating technologist during an individual procedure. Such dual role approval shall be documented in the patient chart.

(9) Nothing in this chapter shall be interpreted to alter the scope of practice of any other credentialed health profession or to limit the ability of any other credentialed health professional to assist in cardiac or vascular catheterization if such assistance is within the profession's scope of practice.

[Statutory Authority: RCW 18.84.040 and 43.70.250. WSR 12-10-094, § 246-926-400, filed 5/2/12, effective 5/3/12.]

WAC 246-926-410 Requirements for cardiovascular invasive specialist certification. (1) Applicants for certification as a cardiovascular invasive specialist must meet the following requirements:

(a) Graduate from an educational program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) utilizing the standards and criteria established by the Joint Review Committee on Education in Cardiovascular Technology (JRC-CVT); and

(b) Obtain a passing score on the national Registered Cardiovascular Invasive Specialist (RCIS) examination administered by Cardiovascular Credentialing International (CCI).

(2) Individuals who have been certified or registered with one of the following national organizations shall be considered to have met the education and training requirements:

(a) CCI through the RCIS examination;

(b) CCI through the Registered Cardiac Electrophysiology Specialist (RCES) examination;

(c) Heart Rhythm Society (HRS) through the International Board of Heart Rhythm Examiners (IBHRE), formerly the North American Society of Pacing and Electrophysiology (NASPE) examination; or

(d) ARRT through the Cardiac Interventional Radiographer (RTR-CI) post-primary examination, the Vascular Interventional Radiographer (RTR-VI) post-primary examination, or the Cardiovascular Interventional Radiographer (RTR-CV) post-primary examination.

[Statutory Authority: RCW 18.84.040 and 43.70.250. WSR 12-10-094, § 246-926-410, filed 5/2/12, effective 5/3/12.]

WAC 246-926-420 Alternate certification process—Time limited. Until July 1, 2012, the department shall issue a cardiovascular invasive specialist certification to applicants who meet the following requirements:

(1) Hold a current health care credential issued by the department that has been in good standing for at least the last five consecutive years; and

(2) Document qualifying prior experience. Such qualifying experience must:

(a) Be in cardiac or vascular catheterization functions as defined in WAC 246-926-400;

(b) Have been obtained in the last five years;

(c) Include at least one thousand hours per year; and

(d) Be documented on forms prepared by the department and attested to by the catheterization laboratory lead technologist, manager, or director.

(3) If an individual certified through this section allows his or her certification to expire for more than one year, he or she must then meet the education and examination requirements under WAC 246-926-410 before being issued a new certification.

(5/2/12)

[Statutory Authority: RCW 18.84.040 and 43.70.250. WSR 12-10-094, § 246-926-420, filed 5/2/12, effective 5/3/12.]

WAC 246-926-990 Radiologist assistants; diagnostic, therapeutic, and nuclear medicine radiologic technologists; cardiovascular invasive specialists; X-ray technicians—Certification and registration fees and renewal cycle. (1) Certificates and registrations must be renewed every two years on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

Title of Fee **Fee**

(2) The following nonrefundable fees will be charged for certified diagnostic, therapeutic, and nuclear medicine radiologic technologists:

Application	\$150.00
Renewal	105.00
Late renewal penalty	50.00
Expired certificate reissuance	80.00
Certification of registration or certificate	15.00
Duplicate registration or certificate	15.00

(3) The following nonrefundable fees will be charged for registered X-ray technicians:

Application	105.00
Renewal	103.00
Late renewal penalty	50.00
Expired reissuance	50.00
Certification of registration or certificate	15.00
Duplicate registration or certificate	15.00

(4) The following nonrefundable fees will be charged for certified radiologist assistants:

Application	150.00
Renewal	150.00
Late renewal penalty	75.00
Expired reissuance	75.00
Certification of registration or certificate	15.00
Duplicate registration or certificate	15.00

(5) The following nonrefundable fees will be charged for cardiovascular invasive specialists:

Application	150.00
Renewal	105.00
Late renewal penalty	75.00
Expired reissuance	75.00
Certification of registration or certificate	15.00
Duplicate registration or certificate	15.00

[Statutory Authority: RCW 18.84.040 and 43.70.250. WSR 12-10-094, § 246-926-990, filed 5/2/12, effective 5/3/12. Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37. WSR 10-19-071, § 246-926-990, filed 9/16/10, effective 10/15/10. Statutory Authority: RCW 18.84.040. WSR 10-10-043, § 246-926-990, filed 4/27/10, effective 5/28/10. Statutory Authority: RCW 43.70.110, 43.70.250 and 2008 c 329. WSR 08-16-008, § 246-926-990, filed 7/24/08, effective 7/25/08. Statutory Authority: RCW 18.84.040.]

WSR 06-01-104, § 246-926-990, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. WSR 05-12-012, § 246-926-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250. WSR 99-08-101, § 246-926-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-926-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.84.040 and 18.84.100. WSR 92-05-010 (Order 237), § 246-926-990, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-926-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. WSR 89-01-015 (Order PM 802), § 308-183-180, filed 12/9/88.]