

**Chapter 246-841 WAC**  
**NURSING ASSISTANTS**

**WAC**

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**DISPOSITION OF SECTIONS FORMERLY  
 CODIFIED IN THIS CHAPTER**

246-841-710	General provisions. [Statutory Authority: RCW 18.88A.050, 18.130.050 and 18.130.080. 92-02-018 (Order 224), § 246-841-710, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-710, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-010, filed 6/30/89.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.
246-841-730	Courts. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-730, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-070, filed 6/30/89.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.
246-841-740	State and federal agencies. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-740, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-080, filed 6/30/89.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.
246-841-750	Cooperation with investigation. [Statutory Authority: RCW 18.88A.050, 18.130.050 and 18.130.080. 92-02-018 (Order 224), § 246-841-750, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-750, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-090, filed 6/30/89.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70-040.

**WAC 246-841-400 Standards of practice and competencies of nursing assistants.** The following standards are supported by statements of the competencies that a nursing assistant must hold to meet the standard to be certified to practice in the state of Washington. The competencies are statements of skills and knowledge, and are written as

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descriptions of behaviors which can be observed and measured. All competencies are performed, as per RCW 18.88A.-030, under the direction and supervision of a licensed (registered) nurse or licensed practical nurse. The level or depth of accomplishment of any given competency is as appropriate to the "assisting" role of basic nursing care under supervision of the licensed nurse.

(1) Basic technical skills. The nursing assistant demonstrates basic technical skills which facilitates an optimal level of functioning for the client, recognizing individual, cultural, and religious diversity. Competencies:

(a) Demonstrates proficiency in cardiopulmonary resuscitation (CPR).

(b) Takes and records vital signs.

(c) Measures and records height and weight.

(d) Measures and records fluid and food intake and output of client.

(e) Recognizes and reports abnormal signs and symptoms of common diseases and conditions.

(f) Demonstrates sensitivity to client's emotional, social, and mental health needs.

(g) Makes observations of client's environment to ensure safety and comfort of client.

(h) Participates in care planning and nursing reporting process.

(2) Personal care skills. The nursing assistant demonstrates basic personal care skills. Competencies:

(a) Assists client with bathing, mouth care, and skin care.

(b) Assists client with grooming and dressing.

(c) Provides toileting assistance to client.

(d) Assists client with eating and hydration.

(e) Utilizes proper feeding techniques.

(3) Mental health and social service needs. The nursing assistant demonstrates the ability to identify the psychosocial characteristics of all clients including persons with mental retardation, mental illness, dementia, Alzheimer's disease, and related disorders. Competencies:

(a) Modifies his/her own behavior in response to the client's behavior.

(b) Identifies adaptations necessary to accommodate the aging process.

(c) Provides training in, and the opportunity for, self care according to clients' capabilities.

(d) Demonstrates skills supporting client's personal choices.

(e) Identifies ways to use the client's family as a source of emotional support for the patient.

(4) Basic restorative services. The nursing assistant incorporates principles and skills of restorative nursing in providing nursing care. Competencies:

(a) Demonstrates knowledge and skill in using assistive devices in ambulation, eating, and dressing.

(b) Demonstrates knowledge and skill in the maintenance of range of motion.

(c) Demonstrates proper techniques for turning/positioning client in bed and chair.

(d) Demonstrates proper techniques for transferring client.

(e) Demonstrates knowledge about methods for meeting the elimination needs of clients.

(f) Demonstrates knowledge and skill for the care and use of prosthetic devices.

(5) Clients' rights and promotion of clients' independence. The nursing assistant demonstrates behavior which maintains and respects clients' rights and promotes clients' independence, regardless of race, religion, life-style, sexual preference, disease process, or ability to pay. Competencies:

(a) Recognizes that the client has the right to participate in decisions about his/her care.

(b) Recognizes and respects the clients' need for privacy and maintenance of confidentiality.

(c) Promotes and respects the client's right to make personal choices to accommodate their needs.

(d) Reports client's concerns.

(e) Provides assistance in getting to and participating in activities.

(f) Provides care of client's personal possessions.

(g) Provides care which maintains the client free from abuse, mistreatment or neglect; and reports any instances to appropriate facility staff.

(h) Maintains the client's environment and care through appropriate nursing assistant behavior so as to minimize the need for physical and chemical restraints.

(6) Communication and interpersonal skills. The nursing assistant uses communication skills effectively in order to function as a member of the nursing team. Competencies:

(a) Reads, writes, speaks, and understands English at the level necessary for performing duties of the nursing assistant.

(b) Listens and responds to verbal and nonverbal communication in an appropriate manner.

(c) Recognizes how one's own behavior influences client's behavior and know resources for obtaining assistance in understanding client's behavior.

(d) Makes adjustments for client's physical or mental limitations.

(e) Uses terminology accepted in the health care facility to record and report observations and pertinent information.

(f) Records and reports observations, actions, and information accurately and timely.

(g) Demonstrates ability to explain policies and procedures before and during care of the client.

(7) Infection control. The nursing assistant uses procedures and techniques to prevent the spread of microorganisms. Competencies:

(a) Uses principles of medical asepsis and demonstrates infection control techniques and universal precautions.

(b) Explains how disease causing microorganisms are spread; lists ways that HIV and Hepatitis B can spread from one person to another.

(c) Demonstrates knowledge of cleaning agents and methods which destroy microorganisms on surfaces.

(8) Safety/emergency procedures. The nursing assistant demonstrates the ability to identify and implement safety/emergency procedures. Competencies:

(a) Provides adequate ventilation, warmth, light, and quiet measures.

(b) Uses measures that promote comfort, rest, and sleep.

(c) Promotes clean, orderly, and safe environment and equipment for the client.

(d) Identifies and utilizes measures for accident prevention.

(e) Identifies and demonstrates principles of body mechanics.

(f) Demonstrates proper use of protective devices in care of clients.

(g) Demonstrates knowledge of fire and disaster procedures.

(h) Identifies and demonstrates principles of health and sanitation in the service of food.

(i) Demonstrates the proper use and storage of cleaning agents and other potentially hazardous materials.

(9) Rules and regulations knowledge. The nursing assistant demonstrates knowledge of and is responsive to the laws and regulations which affect his/her practice including but not limited to: Client abuse and neglect, client complaint procedures, workers right to know, and the Uniform Disciplinary Act.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-400, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-400, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-210, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-405 Nursing assistant delegation.** Provision for delegation of certain tasks.

(1) Nursing assistants may perform tasks when delegated by a registered nurse for patients in community-based care settings or in-home care settings, each as defined in RCW 18.79.260 (3)(e).

(2) Any nursing assistant who receives authority to perform a delegated nursing task must, before performing any delegated task:

(a) For nursing assistants-registered, provide to the delegating nurse the certificate of completion of both the basic caregiver training and core delegation training as established by the department of social and health services.

(b) For nursing assistants-certified, provide to the delegating nurse the certificate of completion of the core delegation training as established by the department of social and health services.

(c) For all nursing assistants, comply with all applicable requirements and protocol established by the nursing care quality assurance commission in WAC 246-840-910 through 246-840-970.

(d) For all nursing assistants, meet any additional training requirements identified by the nursing care quality assurance commission. Any exceptions to any such training requirements must adhere to RCW 18.79.260 (3)(e)(v).

(3) Any nursing assistant performing a delegated nursing care task pursuant to this section, shall perform the task:

(a) Only for the specific patient who was the subject of the delegation;

(b) Only with the patient's consent; and

(c) In compliance with all applicable requirements and protocols established by the nursing care quality assurance commission in WAC 246-840-910 through 246-840-970.

(4) A nursing assistant may consent or refuse to consent to perform a delegated nursing care task and shall be responsible for their own actions with regard to the decision to consent or refuse to consent and the performance of the delegated nursing care task.

(5) Nursing assistants shall not accept delegation of, or perform, the following nursing care tasks:

- (a) Administration of medication by injection;
- (b) Sterile procedures;
- (c) Central line maintenance;
- (d) Acts that require nursing judgment.

[Statutory Authority: RCW 18.88A.060 and 2003 c 140. 04-14-064, § 246-841-405, filed 7/2/04, effective 7/2/04. Statutory Authority: Chapter 18.88A RCW. 96-06-029, § 246-841-405, filed 2/28/96, effective 3/30/96.]

**WAC 246-841-410 Purpose of review and approval of certified nursing assistant training programs.** The board of nursing approves curriculum in nursing assistant education programs qualifying for admission to examination for certification for the following purposes:

(1) To assure preparation for safe practice as a nursing assistant by setting minimum standards for education programs.

(2) To provide guidance for the development of new training programs.

(3) To facilitate the career mobility of nursing assistants-certified in articulating into nursing educational programs in other levels of nursing.

(4) To identify training standards and achieved competencies of nursing assistants-certified in the state of Washington for the purpose of interstate communications and endorsements.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-410, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-410, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-220, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-420 Requirements for nursing assistant education and training program approval.** Those institutions or facilities seeking approval to offer a program of training which qualifies graduates to apply for certification, in addition to other agency program approval requirements, must:

(1) Request an application/guidelines packet from department of health, professional licensing. The packet will include forms and instructions for the program to submit:

- (a) Program objectives.
- (b) Curriculum content outline.
- (c) Qualifications of program director and additional instructional staff.
- (d) Agency agreements as appropriate.
- (e) A sample lesson plan for one unit.
- (f) A sample skills checklist.
- (g) Description of physical resources.
- (h) Statement of assurance of compliance with administrative guidelines.

(2) If a program currently in existence as an approved program on the date of implementation of this code, submit the completed application, including all forms, fees, and assurances as specified, within sixty days of the effective date of the code for review for reapproval of the program.

(3) If a program not currently holding approval status, submit the completed application packet and fees as instructed, with all forms and assurances as specified, sixty

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days prior to the anticipated start date of the first class offered by the institution.

(4) Agree to on-site survey of the training program, as requested by the board, on a date mutually agreed upon by the institution and the board. This on-site visit will be coordinated with other on-site review requirements when possible.

(5) Provide review and update of program information every year, or as requested by the board or educational agency.

(6) Comply with any future changes in education standards and guidelines in order to maintain approved status.

(7) Notify the board and education agency of any changes in overall curriculum plan or major curriculum content changes prior to implementation.

(8) Notify the board and education agency of changes in program director or instructors.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-420, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-230, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-430 Denial of approval or withdrawal of approval for programs for which the board is the approving authority.** (1) The board may deny approval to new programs when it determines that a nursing assistant training program fails substantially to meet the standards for training as contained in WAC 246-841-470 through 246-841-510. All such board actions shall be in accordance with the Washington Administrative Procedure Act and/or the administrative rules and regulations of the board.

(2) The board may withdraw approval from existing programs when it determines that a nursing education program fails substantially to meet the standards for nursing assistant training as contained in WAC 246-841-470 through 246-841-510. All such actions shall be effected in accordance with the Administrative Procedure Act and/or the administrative rules and regulations of the board.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-430, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-430, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-240, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-440 Reinstatement of approval.** The board may consider reinstatement of withdrawn approval of a nursing assistant training program upon submission of satisfactory evidence that the program meets the standards of nursing assistant training, WAC 246-841-470 through 246-841-510.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-440, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-440, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-245, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-450 Appeal of board decisions.** A nursing assistant training program deeming itself aggrieved by a decision of the board affecting its approval status shall have the right to appeal the board's decision in accordance with the provisions of chapter 18.88 RCW and the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-450, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-250, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-460 Closing of an approved nursing assistant training program.** When a governing institution decides to close a program it shall notify the board in writing, stating the reason and the date of intended closing.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-460, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-255, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-470 Program directors and instructors in approved training programs.** (1) The program director will be a registered nurse licensed in the state of Washington.

(2) The program director will meet the minimum qualifications for instructors as required by the superintendent of public instruction in chapter 180-77 WAC or the state board for community college education in chapter 131-16 WAC.

(3) The program director will complete a "train-the-trainer" program approved by the state or have demonstrated competence to teach adults as defined by the state.

(4) The program director will have a minimum of three years of experience as an RN, of which at least one year will be in direct patient care.

(5) Program director responsibilities:

(a) Develop and implement a curriculum which meets as a minimum the requirements of WAC 246-841-490.

(b) Assure compliance with and assume responsibility for all regulations as stipulated in WAC 246-841-480 through 246-841-510.

(c) Directly supervise each course offering.

(d) Create and maintain an environment conducive to teaching and learning.

(e) Select and supervise all other instructors involved in the course, to include clinical instructors.

(f) Assure that students are not asked to, nor allowed to, perform any clinical skill with patients or clients until first demonstrating the skill satisfactorily to an instructor in a practice setting.

(g) Assure evaluation of competency of knowledge and skills of students before issuance of verification of completion of the course.

(h) Assure that students receive a verification of completion when requirements of the course have been satisfactorily met.

(6) Additional instructional staff:

(a) The program director may select instructional staff to assist in the teaching of the course, teaching in their area of expertise.

(b) All instructional staff must have a minimum of one year experience within the past three years in caring for the elderly and/or chronically ill of any age.

A guest lecturer, or individual with expertise in a specific course unit may be utilized for the teaching of that unit, following the program director's review of the currency of the content.

(c) All instructional staff must be, where applicable, currently licensed, registered, and/or certified in their field in the state of Washington.

(d) Instructional staff may assist the program director in development of curriculum, teaching modalities, and evaluation but will in all cases be under the supervision of the program director.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-470, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-470, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-260, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-480 Students (trainees) in approved training programs.** (1) Students shall register with the department within three days of hire at a health care facility.

(2) Students shall wear name tags which clearly identify them as students or trainees at all times in interactions with patients, clients, and families.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-480, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-265, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-490 Core curriculum in approved training programs.** (1) Curriculum will be competency based; that is composed of learning objectives and activities that will lead to the attainment of knowledge and skills required for the graduate to demonstrate mastery of the core competencies CNAs must hold, as per WAC 246-841-400.

(2) The program director will determine the amount of time required in the curriculum to achieve the objectives as above. The time designated will be expected to vary with characteristics of the learners and teaching/learning variables. In no case will the hours be less than eighty-five hours total, comprised of no less than thirty-five hours of classroom training and no less than fifty hours of clinical training.

(a) Of the thirty-five hours of classroom training, no less than seven hours must be in AIDS education and training, in the subject areas of: Epidemiology, pathophysiology, infection control guidelines, testing and counseling, legal and ethical issues, medical records, clinical manifestations and diagnosis, treatment and disease management, and psychosocial and special group issues.

(b) Training to orient the student to the health care facility and facility policies and procedures are not to be included in the minimum hours above.

(3) Each unit of the core curriculum will have:

(a) Behavioral objectives, that is statements of specific observable actions and behaviors that the learner is to perform or exhibit.

(b) An outline of information the learner will need to know in order to meet the objectives.

(c) Learning activities (that is, lecture, discussion, readings, film, clinical practice, etc.) that are designed to enable the student to achieve the stated objectives.

(4) Clinical teaching in a given competency area will be closely correlated with classroom teaching, to facilitate the integration of knowledge with manual skills.

(a) An identified instructor(s) will supervise clinical teaching/learning at all times. At no time will the ratio of stu-

dents to instructor exceed ten students to one instructor in the clinical setting.

(5) The curriculum will include evaluation processes to assure mastery of competencies. Written and oral tests and clinical practical demonstrations are common methods. Students will not be asked to, nor allowed to, perform any clinical skill on patients or clients until first demonstrating the skill satisfactorily to an instructor in the practice setting.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-490, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-490, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-270, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-500 Physical resources for approved education programs.** (1) Classroom facilities must provide adequate space, lighting, comfort, and privacy for effective teaching and learning.

(2) Adequate classroom resources, such as chalkboard, AV materials, written materials, etc., with which to accomplish program objectives must be available.

(3) Adequate resources must also be provided for teaching and practice of clinical skills and procedures, before implementation of such skills with patients or residents.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-500, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-275, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-510 Administrative procedures for approved nursing assistant training programs.** (1) A student file will be established and maintained for each student enrolled which includes dates attended, evaluation (test) results, a skills evaluation checklist with dates of skills testing and signature of evaluator, and documentation of successful completion of the course, or other outcome.

Each student file will be maintained by the institution for a period of thirty-five years, and copies of documents made available to students who request them.

(2) Verification of successful completion of the course of training will be provided to the board of nursing on forms provided by the board.

(3) For those programs based in a health care facility: Training evaluation and verification of successful completion of the course, including mastery of the required knowledge and skills, will be determined by the program director separately from other employee/employer issues. Verification of completion will not be withheld from a student who has successfully met the requirements of the course.

(4) Programs which are not sponsored by a health care facility, must submit with their application for approval an affiliation agreement between the educational institution and the health care facility which will provide the program access to the experience needed for clinical teaching. This agreement must specify the rights and responsibilities of both parties, students and clients.

(5) Failure to adhere to administrative requirements for programs may result in withdrawal of approval status by the board.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-510, filed 3/18/91, effective 4/18/91. Statutory Authority:

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RCW 18.88.080. 90-20-018 (Order 091), § 308-173-280, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-520 Expired license.** (1) If the certificate has expired for three years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

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

(a) Demonstrate competence to the standards established by the nursing care quality assurance commission;

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

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-841-520, filed 2/13/98, effective 3/16/98.]

**WAC 246-841-610 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. 98-05-060, § 246-841-610, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.88A.050, 18.130.050, 18.130.080 and 70.24.270. 92-02-018 (Order 224), § 246-841-610, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-610, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-173-100, filed 11/2/88.]

## DISCIPLINARY PROCEDURES

**WAC 246-841-720 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, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the nursing assistant being reported.

(c) The case number of any patient 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.

(5) The administrator, executive officer, or their designee of any nursing home shall report to the department of health when any nursing assistant under chapter 18.130 RCW is terminated or such person's services are restricted based on a determination that the nursing assistant has committed an

act or acts which may constitute unprofessional conduct as defined in RCW 18.130.180 or that the nursing assistant may be mentally or physically impaired as defined in RCW 18.130.170.

(6) The administrator, executive officer, or their designee of any nursing home shall report to the department of health when any person practices, or offers to practice as a nursing assistant in the state of Washington when the person is not registered or certified in the state; or when a person uses any title, abbreviation, card, or device to indicate the person is registered or certified when the person is not.

(7) The department of health requests the assistance of responsible personnel of any state or federal program operating in the state of Washington, under which a nursing assistant is employed, to report to the department whenever such a nursing assistant is not registered or certified pursuant to this act or when such a nursing assistant has committed an act or acts which may constitute unprofessional conduct as defined in RCW 18.130.180 or may be mentally or physically impaired as defined in RCW 18.130.170.

[Statutory Authority: RCW 18.88A.050, 18.130.050 and 18.130.080. 92-02-018 (Order 224), § 246-841-720, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-720, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-020, filed 6/30/89.]

## FEES

**WAC 246-841-990 Nursing assistant—Fees and renewal cycle.** (1) Certificates and registrations must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged for registrations:

Title of Fee	Fee
Application - registration	\$ 15.00
Renewal of registration	25.00
Duplicate registration	10.00
Registration late penalty	25.00
Expired registration reissuance	25.00

(3) The following nonrefundable fees will be charged for certifications:

Application for certification	15.00
Certification renewal	25.00
Duplicate certification	10.00
Certification late penalty	25.00
Expired registration reissuance	25.00

[Statutory Authority: RCW 18.88A.050(1). 99-24-062, § 246-841-990, filed 11/29/99, effective 12/30/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-841-990, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.88A RCW. 96-03-051, § 246-841-990, filed 1/12/96, effective 3/1/96. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-173-130, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 88-20-075 (Order 783), § 308-173-130, filed 10/5/88.]

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## Chapter 246-842 WAC

### NURSING ASSISTANTS—NURSING HOMES— NURSING ASSISTANTS TRAINING PROGRAM

#### WAC

246-842-100	Standards of practice and competencies of nursing assistants.
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246-842-120	Requirements for nursing assistant training program approval.
246-842-130	Denial of approval or withdrawal of approval for programs for which the board is the approving authority.
246-842-140	Reinstatement of approval.
246-842-150	Appeal of board decisions.
246-842-160	Closing of an approved nursing assistant training program.
246-842-170	Program directors and instructors in approved training programs.
246-842-180	Students (trainees) in approved training programs.
246-842-190	Core curriculum in approved training programs.
246-842-200	Physical resources for approved education programs.
246-842-210	Administrative procedures for approved nursing assistant training programs.

**WAC 246-842-100 Standards of practice and competencies of nursing assistants.** The following standards are supported by statements of the competencies that a nursing assistant must hold to meet the standard to be certified to practice in the state of Washington. The competencies are statements of skills and knowledge, and are written as descriptions of behaviors which can be observed and measured. All competencies are performed under the direction and supervision of a licensed (registered) nurse or licensed practical nurse. The level or depth of accomplishment of any given competency is as appropriate to the "assisting" role of basic nursing care under supervision of the licensed nurse.

(1) Basic technical skills. The nursing assistant demonstrates basic technical skills which facilitates an optimal level of functioning for the client, recognizing individual, cultural, and religious diversity. Competencies:

(a) Demonstrates proficiency in cardiopulmonary resuscitation (CPR).

(b) Takes and records vital signs.

(c) Measures and records height and weight.

(d) Measures and records fluid and food intake and output of client.

(e) Recognizes and reports abnormal signs and symptoms of common diseases and conditions.

(f) Demonstrates sensitivity to client's emotional, social, and mental health needs.

(g) Makes observations of client's environment to ensure safety and comfort of client.

(h) Participates in care planning and nursing reporting process.

(2) Personal care skills. The nursing assistant demonstrates basic personal care skills. Competencies:

(a) Assists client with bathing, mouth care, and skin care.

(b) Assists client with grooming and dressing.

(c) Provides toileting assistance to client.

(d) Assists client with eating and hydration.

(e) Utilizes proper feeding techniques.

(3) Mental health and social service needs. The nursing assistant demonstrates the ability to identify the psychosocial characteristics of all clients including persons with mental

retardation, mental illness, dementia, Alzheimer's disease, and related disorders. Competencies:

(a) Modifies his/her own behavior in response to the client's behavior.

(b) Identifies adaptations necessary to accommodate the aging process.

(c) Provides training in, and the opportunity for, self care according to clients' capabilities.

(d) Demonstrates skills supporting client's personal choices.

(e) Identifies ways to use the client's family as a source of emotional support for the patient.

(4) Basic restorative services. The nursing assistant incorporates principles and skills of restorative nursing in providing nursing care. Competencies:

(a) Demonstrates knowledge and skill in using assistive devices in ambulation, eating, and dressing.

(b) Demonstrates knowledge and skill in the maintenance of range of motion.

(c) Demonstrates proper techniques for turning/positioning client in bed and chair.

(d) Demonstrates proper techniques for transferring client.

(e) Demonstrates knowledge about methods for meeting the elimination needs of clients.

(f) Demonstrates knowledge and skill for the care and use of prosthetic devices.

(5) Clients' rights and promotion of clients' independence. The nursing assistant demonstrates behavior which maintains and respects clients' rights and promotes clients' independence, regardless of race, religion, life-style, sexual preference, disease process, or ability to pay. Competencies:

(a) Recognizes that the client has the right to participate in decisions about his/her care.

(b) Recognizes and respects the clients' need for privacy and maintenance of confidentiality.

(c) Promotes and respects the client's right to make personal choices to accommodate their needs.

(d) Reports client's concerns.

(e) Provides assistance in getting to and participating in activities.

(f) Provides care of client's personal possessions.

(g) Provides care which maintains the client free from abuse, mistreatment or neglect; and reports any instances to appropriate facility staff.

(h) Maintains the client's environment and care through appropriate nursing assistant behavior so as to minimize the need for physical and chemical restraints.

(6) Communication and interpersonal skills. The nursing assistant uses communication skills effectively in order to function as a member of the nursing team. Competencies:

(a) Reads, writes, speaks, and understands English at the level necessary for performing duties of the nursing assistant.

(b) Listens and responds to verbal and nonverbal communication in an appropriate manner.

(c) Recognizes how one's own behavior influences client's behavior and know resources for obtaining assistance in understanding client's behavior.

(d) Makes adjustments for client's physical or mental limitations.

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(e) Uses terminology accepted in the nursing facility to record and report observations and pertinent information.

(f) Records and reports observations, actions, and information accurately and timely.

(g) Demonstrates ability to explain policies and procedures before and during care of the client.

(7) Infection control. The nursing assistant uses procedures and techniques to prevent the spread of microorganisms. Competencies:

(a) Uses principles of medical asepsis and demonstrates infection control techniques and universal precautions.

(b) Explains how disease causing microorganisms are spread; lists ways that HIV and Hepatitis B can spread from one person to another.

(c) Demonstrates knowledge of cleaning agents and methods which destroy microorganisms on surfaces.

(8) Safety/emergency procedures. The nursing assistant demonstrates the ability to identify and implement safety/emergency procedures. Competencies:

(a) Provides adequate ventilation, warmth, light, and quiet measures.

(b) Uses measures that promote comfort, rest, and sleep.

(c) Promotes clean, orderly, and safe environment and equipment for the client.

(d) Identifies and utilizes measures for accident prevention.

(e) Identifies and demonstrates principles of body mechanics.

(f) Demonstrates proper use of protective devices in care of clients.

(g) Demonstrates knowledge of fire and disaster procedures.

(h) Identifies and demonstrates principles of health and sanitation in the service of food.

(i) Demonstrates the proper use and storage of cleaning agents and other potentially hazardous materials.

(9) Rules and regulations knowledge. The nursing assistant demonstrates knowledge of and is responsive to the laws and regulations which affect his/her practice including but not limited to: Client abuse and neglect, client complaint procedures, workers right to know, and the Uniform Disciplinary Act.

[Statutory Authority: Chapter 18.52A RCW. 91-23-077 (Order 214B), § 246-842-100, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-100, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-110, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-110 Purpose of review and approval of nursing assistant training programs.** The board of nursing approves nursing assistant education programs in health care facilities qualifying graduates for admission to the federally mandated examination for the following purposes:

(1) To assure preparation for safe practice as a nursing assistant by setting minimum standards for education programs.

(2) To provide guidance for the development of new training programs.

(3) To comply with federal and state laws and regulations affecting nursing assistant practice in nursing homes.

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(4) To identify training standards and achieved competencies of nursing assistants in nursing homes in the state of Washington for the purpose of interstate communications and endorsements.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-110, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-120, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-120 Requirements for nursing assistant training program approval.** Those institutions or facilities seeking approval to offer a program of training for nursing assistants in nursing homes which qualifies graduates for the certification examination shall:

(1) Request an application/guidelines packet from department of health, professional licensing. The packet will include forms and instructions for the program to submit:

- (a) Program objectives.
- (b) Program content outline.
- (c) Qualifications of program director and additional instructional staff.
- (d) Agency agreements as appropriate.
- (e) A sample lesson plan for one unit.
- (f) A sample skills checklist.
- (g) Description of physical resources.
- (h) Statement of assurance of compliance with administrative guidelines.

(2) If a program currently in existence as an approved program on the date of implementation of this regulation, submit the completed application, including all forms, fees, and assurances as specified, within sixty days of the effective date of the regulation for review for reapproval of the program.

(3) If a program not currently holding approval status, submit the completed application packet and fees as instructed, with all forms and assurances as specified, sixty days prior to the anticipated start date of the first class offered by the institution.

(4) Agree to on-site survey of the training program, as requested by the board, on a date mutually agreed upon by the institution and the board.

(5) Provide review and update of program information every year, or as requested by the board.

(6) Comply with any future changes in training standards and guidelines in order to maintain approved status.

(7) Notify the board of any changes in overall curriculum plan or major curriculum content changes prior to implementation.

(8) Notify the board of changes in program director or instructors.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-120, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-130, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-130 Denial of approval or withdrawal of approval for programs for which the board is the approving authority.** (1) The board may deny approval to new programs when it determines that a nursing assistant training program fails substantially to meet the standards for training as contained in WAC 246-842-170 through 246-842-

210. All such board actions shall be in accordance with the Washington Administrative Procedure Act and/or the administrative rules and regulations of the board.

(2) The board may withdraw approval from existing programs when it determines that a nursing education program fails substantially to meet the standards for nursing assistant training as contained in WAC 246-842-170 through 246-842-210. All such actions shall be effected in accordance with the Administrative Procedure Act and/or the administrative rules and regulations of the board.

[Statutory Authority: Chapter 18.52A RCW. 91-23-077 (Order 214B), § 246-842-130, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-130, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-140, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-140 Reinstatement of approval.** The board may consider reinstatement of withdrawn approval of a nursing assistant training program upon submission of satisfactory evidence that the program meets the standards of nursing assistant training, WAC 246-842-170 through 246-842-210.

[Statutory Authority: Chapter 18.52A RCW. 91-23-077 (Order 214B), § 246-842-140, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-140, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-145, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-150 Appeal of board decisions.** A nursing assistant training program deeming itself aggrieved by a decision of the board affecting its approval status shall have the right to appeal the board's decision in accordance with the provisions of chapter 18.88 RCW and the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-150, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-150, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-160 Closing of an approved nursing assistant training program.** When a facility decides to close a program it shall notify the board in writing, stating the reason and the date of intended closing.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-160, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-155, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-170 Program directors and instructors in approved training programs.** (1) The program director will be a registered nurse licensed in the state of Washington.

(2) The program director will complete a "train-the-trainer" program approved by the state or have demonstrated competence to teach adults as defined by the state.

(3) The program director will have a minimum of three years of experience as an RN, of which at least one year will be in direct patient care.

(4) Program director responsibilities:

(a) Develop and implement a curriculum which meets as a minimum the requirements of WAC 246-842-190.

(b) Assure compliance with and assume responsibility for all regulations as stipulated in WAC 246-842-180 through 246-842-210.

(c) Directly supervise each course offering.

(d) Create and maintain an environment conducive to teaching and learning.

(e) Select and supervise all other instructors involved in the course, to include clinical instructors.

(f) Assure that students are not asked to, nor allowed to, perform any clinical skill with patients or clients until first demonstrating the skill satisfactorily to an instructor in a practice setting.

(g) Assure evaluation of competency of knowledge and skills of students before issuance of verification of completion of the course.

(h) Assure that students receive a verification of completion when requirements of the course have been satisfactorily met.

(5) Additional instructional staff:

(a) The program director may select instructional staff to assist in the teaching of the course, teaching in their area of expertise.

(b) All instructional staff must have a minimum of one year experience within the past three years in caring for the elderly and/or chronically ill of any age.

(c) A guest lecturer, or individual with expertise in a specific course unit may be utilized for the teaching of that unit, following the program director's review of the currency of the content.

(d) All instructional staff must be, where applicable, currently licensed, registered, and/or certified in their field in the state of Washington.

(e) Instructional staff may assist the program director in development of curriculum, teaching modalities, and evaluation but will in all cases be under the supervision of the program director.

[Statutory Authority: Chapter 18.52A RCW. 91-23-077 (Order 214B), § 246-842-170, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-170, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-160, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-180 Students (trainees) in approved training programs.** (1) Students shall register with the department within three days of hire at a health care facility.

(2) Students shall wear name tags which clearly identify them as students or trainees at all times in interactions with patients, clients, and families.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-180, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-165, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-190 Core curriculum in approved training programs.** (1) Curriculum will be competency based; that is composed of learning objectives and activities that will lead to the attainment of knowledge and skills required for the graduate to demonstrate mastery of the core competencies nursing assistants-certified must hold, as per WAC 246-842-100.

(2) The program director will determine the amount of time required in the curriculum to achieve the objectives as

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above. The time designated will be expected to vary with characteristics of the learners and teaching/learning variables. In no case will the hours be less than eighty-five hours total, comprised of thirty-five hours of classroom training and fifty hours of clinical training.

(a) Of the thirty-five hours of classroom training, no less than seven hours must be in AIDS education and training, in the subject areas of: Epidemiology, pathophysiology, infection control guidelines, testing and counseling, legal and ethical issues, medical records, clinical manifestations and diagnosis, treatment and disease management, and psychosocial and special group issues.

(b) Training to orient the student to the health care facility and facility policies and procedures are not to be included in the minimum hours above.

(3) Each unit of the core curriculum will have:

(a) Behavioral objectives, that is statements of specific observable actions and behaviors that the learner is to perform or exhibit.

(b) An outline of information the learner will need to know in order to meet the objectives.

(c) Learning activities (that is, lecture, discussion, readings, film, clinical practice, etc.) that are designed to enable the student to achieve the stated objectives.

(4) Clinical teaching in a given competency area will be closely correlated with classroom teaching, to facilitate the integration of knowledge with manual skills.

An identified instructor(s) will supervise clinical teaching/learning at all times. At no time will the ratio of students to instructor exceed ten students to one instructor in the clinical setting.

(5) The curriculum will include evaluation processes to assure mastery of competencies. Written and oral tests and clinical practical demonstrations are common methods. Students will not be asked to, nor allowed to, perform any clinical skill on patients or clients until first demonstrating the skill satisfactorily to an instructor in the practice setting.

[Statutory Authority: Chapter 18.52A RCW. 91-23-077 (Order 214B), § 246-842-190, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-190, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-170, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-200 Physical resources for approved education programs.** (1) Classroom facilities must provide adequate space, lighting, comfort, and privacy for effective teaching and learning.

(2) Adequate classroom resources, such as chalkboard, AV materials, written materials, etc., with which to accomplish program objectives must be available.

(3) Adequate resources must also be provided for teaching and practice of clinical skills and procedures, before implementation of such skills with patients or residents.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-200, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-175, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-210 Administrative procedures for approved nursing assistant training programs.** (1) A student file will be established and maintained for each student enrolled which includes dates attended, evaluation (test)

results, a skills evaluation checklist with dates of skills testing and signature of evaluator, and documentation of successful completion of the course, or other outcome.

Each student file will be maintained by the institution for a period of thirty-five years, and copies of documents made available to students who request them.

(2) Verification of successful completion of the course of training will be provided to the board of nursing on forms provided by the board.

(3) Training evaluation and verification of successful completion of the course, including mastery of the required knowledge and skills, will be determined by the program director separately from other employee/employer issues. Verification of completion will not be withheld from a student who has successfully met the requirements of the course.

(4) Failure to adhere to administrative requirements for programs may result in withdrawal of approval status by the board.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-210, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-180, filed 8/10/90, effective 9/10/90.]

### Chapter 246-843 WAC

#### NURSING HOME ADMINISTRATORS

##### WAC

246-843-010	General definitions.
246-843-040	Duties and responsibilities.
246-843-070	Examination.
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246-843-073	Examination score.
246-843-090	Administrator-in-training.
246-843-093	Exemption.
246-843-095	Preceptors for administrator-in-training programs.
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246-843-162	AIDS prevention and information education requirements.
246-843-180	Expired license.
246-843-205	Standards of conduct.
246-843-230	Endorsement.
246-843-231	Temporary practice permits.
246-843-330	Inactive license.
246-843-340	Adjudicative proceedings.
246-843-990	Nursing home administrator fees and renewal cycle.

##### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-843-001	Source of authority—Title. [Statutory Authority: RCW 18.52.061. 93-13-004 (Order 371B), § 246-843-001, filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-001, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-001, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 78-02-009 (Order PL 282), § 308-54-010, filed 1/6/78; Order PL 107, § 308-54-010, filed 3/3/71.] Repealed by 00-01-073, filed 12/13/99, effective 1/13/00. Statutory Authority: Chapters 18.52 and 34.05 RCW.	246-843-115	Examination procedures. [Statutory Authority: RCW 18.52.100. 91-24-022 (Order 216B), § 246-843-115, filed 11/25/91, effective 12/26/91.] Repealed by 00-01-072, filed 12/13/99, effective 1/13/00. Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075.
246-843-015	Nursing homes temporarily without an administrator. [Statutory Authority: Chapters 18.52 and 34.05 RCW. 00-01-071, § 246-843-015, filed 12/13/99, effective 1/13/00.] Repealed by 02-17-055, filed 8/15/02, effective 9/15/02. Statutory Authority: RCW 18.52.061. Later promulgation, see WAC 388-97-160(4).	246-843-120	Grading examinations. [Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-120, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-120, filed 3/1/91, effective 4/1/91; 81-14-037 (Order PL 381), § 308-54-120, filed 6/29/81; Order PL 107, § 308-54-120, filed 3/3/71.] Repealed by 00-01-072, filed 12/13/99, effective 1/13/00. Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075.
246-843-030	Board of examiners—Meetings. [Statutory Authority: RCW 18.52.100. 91-06-060 (Order 141B), recodified as § 246-843-030, filed 3/1/91, effective 4/1/91; Order PL 107, § 308-54-030, filed 3/3/71.] Repealed by 00-01-	246-843-122	Examination review procedures. [Statutory Authority: RCW 18.52.100. 91-24-022 (Order 216B), § 246-843-122, filed 11/25/91, effective 12/26/91.] Repealed by 00-01-072, filed 12/13/99, effective 1/13/00. Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075.
		246-843-125	Continuing education credit for preceptors for administrators-in-training programs. [Statutory Authority:

- RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-125, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-125, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14) and 18.52.110. 80-01-057 (Order PL 328), § 308-54-125, filed 12/20/79.] Repealed by 00-01-074, filed 12/13/99, effective 1/13/00. Statutory Authority: Chapters 18.52 and 34.05 RCW.
- 246-843-155 Certification of compliance. [Statutory Authority: RCW 18.52.100. 91-06-060 (Order 141B), recodified as § 246-843-155, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14) and 18.52.110. 80-01-057 (Order PL 328), § 308-54-155, filed 12/20/79.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
- 246-843-158 Responsibility for maintaining mailing address on file with the board. [Statutory Authority: RCW 18.52.061. 93-23-034, § 246-843-158, filed 11/10/93, effective 12/11/93.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.
- 246-843-160 Licenses. [Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-160, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-160, filed 3/1/91, effective 4/1/91; 80-08-066 (Order 348), § 308-54-160, filed 7/1/80. Statutory Authority: RCW 18.52.070, 18.52.080 and 18.52.100 (14). 78-02-009 (Order PL 282), § 308-54-160, filed 1/6/78; Order PL 107, § 308-54-160, filed 3/3/71.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
- 246-843-170 Temporary permits. [Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-170, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-170, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(11). 88-23-038 (Order PM 791), § 308-54-170, filed 11/9/88. Statutory Authority: RCW 18.52.100. 80-08-066 (Order 348), § 308-54-170, filed 7/1/80. Statutory Authority: RCW 18.52.100 (10) and (14). 78-02-009 (Order PL 282), § 308-54-170, filed 1/6/78; Order PL 107, § 308-54-170, filed 3/3/71.] Repealed by 00-01-072, filed 12/13/99, effective 1/13/00. Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075.
- 246-843-200 Standards of suitability and character. [Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-200, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-200, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-200, filed 12/29/86. Statutory Authority: RCW 18.52.100 (1) and (14). 78-02-009 (Order PL 282), § 308-54-200, filed 1/6/78; Order PL 107, § 308-54-200, filed 3/3/71.] Repealed by 99-03-068, filed 1/18/99, effective 2/18/99. Statutory Authority: RCW 18.52.061.
- 246-843-220 Complaints and hearing procedures. [Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-220, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-220, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.090(2), 18.52.150, 18.52.100 (4), (5), (6) and (14). 78-02-009 (Order PL 282), § 308-54-220, filed 1/6/78; Order PL 107, § 308-54-220, filed 3/3/71.] Repealed by 99-03-067, filed 1/18/99, effective 2/18/99. Statutory Authority: RCW 18.52.061.
- 246-843-225 Issuance of subpoenas—Administering oaths and affirmations—Ruling when board or hearing panel not in session. [Statutory Authority: RCW 18.52.100. 91-06-060 (Order 141B), recodified as § 246-843-225, filed 3/1/91, effective 4/1/91; 80-08-066 (Order 348), § 308-54-225, filed 7/1/80. Statutory Authority: RCW 18.52.155. 78-02-009 (Order PL 282), § 308-54-225, filed 1/6/78.] Repealed by 99-03-067, filed 1/18/99, effective 2/18/99. Statutory Authority: RCW 18.52.061.
- 246-843-240 Restoration and reinstatement of licenses. [Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-240, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-240, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14) and 18.52.120. 78-02-009 (Order PL 282), § 308-54-240, filed 1/6/78; Order PL 107, § 308-54-240, filed 3/3/71.] Repealed by 95-07-128, filed 3/22/95, effective 4/22/95. Statutory Authority: RCW 18.52.061. 95-07-128, § 246-843-250, filed 3/22/95, effective 4/22/95. Statutory Authority: RCW 18.52.061.
- 246-843-250 Duplicate licenses. [Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-250, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-250, filed 3/1/91, effective 4/1/91; Order PL 107, § 308-54-250, filed 3/3/71.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
- 246-843-320 Renewal of licenses. [Statutory Authority: RCW 18.52.061. 95-07-128, § 246-843-320, filed 3/22/95, effective 4/22/95. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-320, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-320, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-320, filed 12/29/86. Statutory Authority: RCW 43.24.140. 80-04-057 (Order 337), § 308-54-320, filed 3/24/80.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

**WAC 246-843-010 General definitions.** Terms used in these rules have the following meanings:

(1) "On-site, full-time administrator" is an individual in active administrative charge of one nursing home facility or collocated facilities, as licensed under chapter 18.51 RCW, a minimum of four days and an average of forty hours per week. Exception: "On-site, full-time administrator" in nursing homes with small resident populations, or in rural areas is an individual in active administrative charge of one nursing home facility, or collocated facilities, as licensed under chapter 18.51 RCW:

(a) A minimum of four days and an average of twenty hours per week at facilities with one to thirty beds; or

(b) A minimum of four days and an average of thirty hours per week at facilities with thirty-one to forty-nine beds.

(2) "Active administrative charge" is direct participation in the operating concerns of a nursing home. Operating concerns include, but are not limited to, interaction with staff and residents, liaison with the community, liaison with regulatory agencies, pertinent business and financial responsibilities, planning and other activities as identified in the most current job analysis published by the National Association of Boards of Examiners for Long-Term Care Administrators.

(3) "Person" means an individual and does not include the terms firm, corporation, institutions, public bodies, joint stock associations, and other such entities.

(4) "Nursing home administrator-in-training" means an individual in an administrator-in-training program approved by the board.

(5) "Secretary" means the secretary of the department of health or the secretary's designee.

(6) "Collocated facilities" means more than one licensed nursing facility situated on a contiguous or adjacent property, whether or not there are intersecting streets. Other criteria to qualify as a collocated facility would be determined by the nursing home licensing agency under chapter 18.51 RCW.

(7) "Recognized institution of higher learning" means an accredited degree granting institution in the United States or outside the United States that is listed in the directory of accredited institutions of postsecondary education published by the American Council on Education.

[Statutory Authority: Chapters 18.52 and 34.05 RCW. 00-01-071, § 246-843-010, filed 12/13/99, effective 1/13/00. Statutory Authority: RCW 18.52.061. 95-07-128, § 246-843-010, filed 3/22/95, effective 4/22/95; 93-13-004 (Order 371B), § 246-843-010, filed 6/3/93, effective 7/4/93. Statu-

tory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-010, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-010, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-020, filed 12/29/86; Order PL 107, § 308-54-020, filed 3/3/71.]

**WAC 246-843-040 Duties and responsibilities.** The board, with the assistance of the secretary, shall have the following duties and responsibilities, within the limits of chapter 18.52 RCW.

(1) Develop standards for individuals in order to receive a license as a nursing home administrator.

(2) Develop techniques, including examinations and investigations to determine whether an individual meets such standards for licensing:

(3) Approve licenses or temporary permits for individuals meeting requirements applicable to them.

(4) Discipline or deny a license holder or applicant under authority granted by RCW 18.130.160 or who fails to meet requirements of chapter 18.52 RCW.

(5) Investigate and take action on a report or complaint filed with the board or secretary that any individual licensed as a nursing home administrator has failed to comply with the requirements of chapter 18.52 RCW.

(6) Adopt rules necessary to carry out the functions of chapter 18.52 RCW.

(7) Implement requirements of chapter 18.52 RCW, including:

(a) Recommend hiring consultants to advise on matters requiring expert advice;

(b) Delegate work responsibilities to subcommittees of the board;

(c) Supervise the administrator-in-training program.

[Statutory Authority: Chapters 18.52 and 34.05 RCW. 00-01-073, § 246-843-040, filed 12/13/99, effective 1/13/00. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-040, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-040, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 78-02-009 (Order PL 282), § 308-54-040, filed 1/6/78; Order PL 107, § 308-54-040, filed 3/3/71.]

**WAC 246-843-070 Examination.** (1) The board approves subjects of examination for license. The scope, content, form, and character of examination shall be the same for all candidates taking the examination.

(2) The examination consists of the National Association of Boards of Examiners for Long-Term Care Administrators (NAB) national examination.

(3) Subjects for examination may include, but not be limited to: Resident care management, personnel management, financial management, environmental management, and governance and management.

(4) Examinations shall be given at least semiannually at times and places designated by the department.

[Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075. 00-01-072, § 246-843-070, filed 12/13/99, effective 1/13/00. Statutory Authority: RCW 18.52.100. 91-06-060 (Order 141B), recodified as § 246-843-070, filed 3/1/91, effective 4/1/91; Order PL 107, § 308-54-070, filed 3/3/71.]

**WAC 246-843-071 Application.** (1) An applicant must pay applicable fees and submit an application for initial cre-

dential on forms approved by the secretary. Refer to chapter 246-12 WAC, Part 2.

(2) Applications shall be completed in every respect prior to the examination date.

[Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075. 00-01-072, § 246-843-071, filed 12/13/99, effective 1/13/00.]

**WAC 246-843-073 Examination score.** (1) An applicant for a nursing home administrator license is required to pass the national examination with a passing score established by the National Association of Boards of Examiners for Long-Term Care Administrators (NAB).

(2) The candidate shall be notified about their examination score in writing.

(3) The board and the department shall not disclose the candidate's score to anyone other than the candidate, unless requested to do so in writing by the candidate.

(4) The NAB examination is scored using a criterion-referenced method.

(5) A permanent record of the result of examination for each candidate shall be kept by the board.

[Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075. 00-01-072, § 246-843-073, filed 12/13/99, effective 1/13/00.]

**WAC 246-843-090 Administrator-in-training.** An applicant shall be approved to take an examination for licensure as a nursing home administrator after submitting evidence satisfactory to the board that the applicant meets the following requirements:

(1) Be at least twenty-one years old.

(2) Complete an application for licensure provided by the division of health professions quality assurance, department of health that includes all information and fees requested. Refer to chapter 246-12 WAC, Part 2.

(3) Submit documentation of a minimum of a baccalaureate degree from a recognized institution of higher learning.

(4) Completed an administrator-in-training (AIT) program as described below:

(a) A one thousand five hundred hour AIT program in a nursing home; or

(b) A one thousand hour AIT program for individuals with a minimum of two years experience as a department manager in a state licensed nursing home or hospital with supervisory and budgetary responsibility; or

(c) A five hundred hour AIT program in a nursing home for individuals with a minimum of two years experience in the last five years with supervisory and budgetary responsibility in one of the following positions or their equivalent:

Hospital administrator;

Assistant administrator in a state licensed nursing home or hospital;

Director of a hospital based skilled nursing facility;

Director of a subacute or transitional care unit;

Director of the department of nursing in a state licensed nursing home;

Health care consultant to the long-term care industry;

Director of community-based long-term care service.

(5) The AIT program shall be:

(a) Under the guidance and supervision of a qualified preceptor;

(b) Designed to provide for individual learning experiences and instruction based upon the person's academic background, training, and experience;

(c) Described in a prospectus signed by the preceptor. The prospectus shall include a description of the rotation through departments and is to be submitted to the board for approval before beginning an AIT program. Changes in the AIT program shall be immediately reported in writing to the board. The board may withdraw approval or alter conditions under which approval was given if the board finds that the approved program has not been or is not being followed.

(6) The AIT program prospectus shall include the following components:

(a) A minimum of ninety percent of the required AIT program hours are spent in a rotation through each department of a resident occupied nursing home licensed under chapter 18.51 RCW;

(b) Project assignment including at least one problem-solving assignment to improve the nursing home or nursing home procedures. A description of the project is to be submitted in writing to the board for approval before beginning the AIT program. The description of the project should indicate the definition of the project and method of approach such as data gathering. A project report that includes possible alternatives, conclusions, and final recommendations to improve the facility or procedure is to be submitted to the board for approval at least ten days before the scheduled end date of the AIT program;

(c) Planned reading and writing assignments as designated by the preceptor; and

(d) Other planned learning experiences including learning about other health and social services agencies in the community.

(7) Quarterly written reports to the board shall include a detailed outline of AIT activities during the reporting period. Reports shall be submitted by both the AIT and preceptor.

(8) The program shall provide for a broad range of experience with a close working relationship between preceptor and trainee. Toward that end, no program shall be approved if the facility has a capacity of fewer than 50 beds. Exceptions to this general rule may be granted by the board in unusual circumstances.

[Statutory Authority: Chapters 18.52 and 34.05 RCW. 00-01-070, § 246-843-090, filed 12/13/99, effective 1/13/00. Statutory Authority: RCW 18.52.061, 95-07-128, § 246-843-090, filed 3/22/95, effective 4/22/95; 93-23-034, § 246-843-090, filed 11/10/93, effective 12/11/93; 93-13-004 (Order 371B), § 246-843-090, filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 18.52.100, 91-24-050 (Order 217B), § 246-843-090, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-090, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14), 87-02-008 (Order PM 633), § 308-54-090, filed 12/29/86; Order PL 260, § 308-54-090, filed 12/10/76; Order PL 164, § 308-54-090, filed 3/27/74, effective 1/1/75; Order PL 107, § 308-54-090, filed 3/3/71.]

**WAC 246-843-093 Exemption.** No AIT program is required for:

(1) An individual with a minimum of five years experience in the last seven years with extensive supervisory and budgetary responsibility in one of the following positions or their equivalent:

Hospital administrator;

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Assistant administrator in a hospital or state licensed nursing home;

Director of a hospital based skilled nursing facility; or

Director of a subacute or transitional care unit.

(2) An individual who worked as a licensed nursing home administrator for a minimum of five years, in the past ten years, and whose license did not expire more than three years prior to application date.

(3) An individual who graduated from a long-term care program in a college approved by the National Association of Boards of Examiners for Long-Term Care Administrators.

(4) An individual who graduated from a degree program in a recognized educational institution that included a one thousand hour practical experience (practicum) in a nursing home. This practical experience shall be structured to allow a student a majority of time in a systematic rotation through each department of a resident-occupied nursing home. The practical experience shall include planned readings, writing, and project assignments. The practical experience shall include regular contact with the administrator of the facility in which the practical experience was completed.

[Statutory Authority: Chapters 18.52 and 34.05 RCW. 00-01-070, § 246-843-093, filed 12/13/99, effective 1/13/00.]

**WAC 246-843-095 Preceptors for administrator-in-training programs.** The preceptor shall submit a statement describing his or her qualifications and an agreement to perform the duties of a preceptor.

(1) Qualifications of preceptor:

(a) The preceptor shall be employed as a licensed nursing home administrator for an accumulation of at least three years.

(b) The preceptor shall be employed full time as the nursing home administrator in the facility where the administrator-in-training is trained.

(c) The preceptor shall have an unrestricted license.

(d) The preceptor shall participate in and successfully complete any preceptor workshop or other training deemed necessary by the board.

(2) Duties of the preceptor:

(a) The preceptor shall take the time necessary and have at least a weekly face-to-face conference with the AIT about the activities of the AIT relative to the training program and the nursing home.

(b) The preceptor shall evaluate the AIT and submit quarterly reports to the board on the progress of the AIT program.

(3) A preceptor shall supervise no more than two AITs at the same time.

[Statutory Authority: Chapters 18.52 and 34.05 RCW. 00-01-070, § 246-843-095, filed 12/13/99, effective 1/13/00. Statutory Authority: RCW 18.52.100, 91-24-050 (Order 217B), § 246-843-095, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-095, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14), 87-02-008 (Order PM 633), § 308-54-095, filed 12/29/86. Statutory Authority: RCW 18.52.100 (2) and (14), 78-02-009 (Order PL 282), § 308-54-095, filed 1/6/78.]

**WAC 246-843-130 Continuing education courses.** A course provided to satisfy the continuing education requirement of licensed nursing home administrators shall meet the following conditions before being approved by the board:

[Title 246 WAC—p. 1153]

(1) A request for approval shall be submitted on forms provided by the department at least one day prior to the start of the course;

(2) Such course of study shall consist of a minimum of one hour of organized instruction with the exception of board-approved self-study courses;

(3) Such course of study may include the following general subject areas or their equivalents, and shall be oriented to the nursing home administrator and reasonably related to the administration of nursing homes:

- (a) Resident management;
- (b) Personnel management;
- (c) Financial management;
- (d) Environmental management;
- (e) Governance and management;
- (f) Laws relating to Washington state nursing homes;

(4) Within one hundred eighty days after becoming licensed, nursing home administrators shall attend an approved course on laws relating to nursing homes in Washington. The board will grant retroactive credit to those licensees who obtain the required training as administrators-in-training under WAC 246-843-090. The board will approve state law training courses based on the following criteria.

A minimum of a six-hour program, with formal training objectives, that covers the following subjects: The requirements of chapter 18.52 RCW and essential areas of laws that apply to nursing homes regulated by the department of social and health services under chapter 388-97 WAC:

- Resident services, medical and social;
- Resident rights, including resident decision making, informed consent, advance directives and notices to residents;
- Enforcement;
- Criminal history inquiries;
- Differences between federal and state law.

(5) Such course of study shall issue certificates of attendance or other evidence satisfactory to the board.

[Statutory Authority: Chapters 18.52 and 34.05 RCW. 00-01-074, § 246-843-130, filed 12/13/99, effective 1/13/00. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-130, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-130, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(11). 88-23-038 (Order PM 791), § 308-54-130, filed 11/9/88. Statutory Authority: RCW 18.52.100(14) and 18.52.110(2). 82-20-092 (Order PL 407), § 308-54-130, filed 10/6/82. Statutory Authority: RCW 18.52.100(14) and 18.52.110. 80-01-057 (Order PL 328), § 308-54-130, filed 12/20/79; Order PL 265, § 308-54-130, filed 3/21/77; Order PL 260, § 308-54-130, filed 12/10/76; Order PL 107, § 308-54-130, filed 3/3/71.]

**WAC 246-843-150 Continuing education requirements for renewal of active license.** (1) Licensed nursing home administrators must demonstrate completion of thirty-six hours of continuing education every two years as provided in chapter 246-12 WAC, Part 7.

(2) Licensees practicing solely out of Washington state are exempt from WAC 246-843-130(1) and must meet all other requirements.

(3) A preceptor for an administrator-in-training program may be granted continuing education credit of one hour per month of the AIT program. Credit as a preceptor is limited to sixteen hours of continuing education in any two-year period.

[Statutory Authority: RCW 18.52.061. 02-23-070, § 246-843-150, filed 11/19/02, effective 2/17/03. Statutory Authority: Chapter 18.52 and 34.05 RCW. 00-01-074, § 246-843-150, filed 12/13/99, effective 1/13/00. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-843-150, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-150, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-150, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14) and 18.52.110(2). 84-07-051 (Order PL 461), § 308-54-150, filed 3/21/84. Statutory Authority: RCW 18.52.110. 80-04-069 (Order 338), § 308-54-150, filed 3/26/80; Order PL 260, § 308-54-150, filed 12/10/76; Order PL 107, § 308-54-150, filed 3/3/71.]

**WAC 246-843-162 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. 98-05-060, § 246-843-162, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.52.100 and 70.24.270. 91-24-050 (Order 217B), § 246-843-162, filed 11/27/91, effective 12/28/91. Statutory Authority: RCW 18.52.100. 91-06-060 (Order 141B), recodified as § 246-843-162, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(11). 88-23-038 (Order PM 791), § 308-54-162, filed 11/9/88.]

**WAC 246-843-180 Expired license.** (1) To return to active status when the license has expired for three years or less, the practitioner must meet the requirements of WAC 246-12-040 (2)(a) or (b).

(2) To return to active status when the license has expired for over three years but less than five years, the practitioner must meet the requirements of WAC 246-12-040 (2)(c).

(3) To return to active status when the license has been expired for five years or more:

(a) If the practitioner has been in active practice as a licensed nursing home administrator in another jurisdiction during that time, the practitioner must:

(i) Meet the requirements of WAC 246-12-040 (2)(c); and

(ii) Provide proof of active practice; or

(b) If the practitioner has not been in active practice as a licensed nursing home administrator in another jurisdiction during that time, the practitioner must:

(i) Meet the requirements of WAC 246-12-040 (2)(c); and

(ii) Successfully complete the current licensing examination.

[Statutory Authority: RCW 18.52.061. 02-23-070, § 246-843-180, filed 11/19/02, effective 2/17/03. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-843-180, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.52.061. 93-13-004 (Order 371B), § 246-843-180, filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 18.52.100. 91-24-022 (Order 216B), § 246-843-180, filed 11/25/91, effective 12/26/91; 91-06-060 (Order 141B), recodified as § 246-843-180, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 86-01-086 (Order PL 576), § 308-54-180, filed 12/18/85. Statutory Authority: RCW 18.52.100. 80-08-066 (Order 348), § 308-54-180, filed 7/1/80; Order PL 260, § 308-54-180, filed 12/10/76; Order PL 107, § 308-54-180, filed 3/3/71.]

**WAC 246-843-205 Standards of conduct.** Licensed nursing home administrators shall be on-site full time and in active administrative charge of the licensed nursing home, as licensed under chapter 18.51 RCW, in which they have consented to serve as administrator.

[Statutory Authority: Chapters 18.52 and 34.05 RCW. 00-01-067, § 246-843-205, filed 12/13/99, effective 1/13/00. Statutory Authority: RCW 18.52.061. 95-07-128, § 246-843-205, filed 3/22/95, effective 4/22/95; 93-13-004 (Order 371B), § 246-843-205, filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-205, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-205, filed 3/1/91, effective 4/1/91; Order PL 164, § 308-54-205, filed 3/27/74.]

**WAC 246-843-230 Endorsement.** (1) The board may endorse a nursing home administrator currently licensed in another state if that state requires qualifications substantially equivalent to qualifications required by RCW 18.52.071. To obtain a license by endorsement the applicant must:

- (a) Pay applicable application fee;
- (b) Submit an application on forms approved by the secretary;
- (c) Submit a verification form from all states in which currently or previously licensed that verifies the applicant:
  - (i) Was or is currently licensed;
  - (ii) Has not had a nursing home administrator license revoked or suspended; and
  - (iii) Has passed the national examination;
- (d) Submit a certified transcript of baccalaureate or higher degree, mailed to the department directly from the college or university;
- (e) Have completed seven clock hours of AIDS education and training. Refer to chapter 246-12 WAC, Part 8.

(2) Applicants who are:

- (a) Certified by the American College of Health Care Administrators (ACHCA) may submit verification of ACHCA certification in lieu of college degree transcript.
- (b) Currently certified by ACHCA are exempt from taking the current NAB national examination.
- (c) Licensed as a nursing home administrator in another state and who have previously passed the national examination are exempt from taking the current NAB national examination.

[Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075. 00-01-072, § 246-843-230, filed 12/13/99, effective 1/13/00. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-843-230, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-230, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), recodified as § 246-843-230, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-230, filed 12/29/86; Order PL 107, § 308-54-230, filed 3/3/71.]

**WAC 246-843-231 Temporary practice permits.** (1)

A temporary practice permit may be issued for a period up to six months. A temporary practice permit holder is not eligible for a subsequent permit. A temporary practice permit shall be valid only for the specific nursing home for which it is issued and shall terminate upon the permit holder's departure from the nursing home, unless otherwise approved by the board. An applicant shall meet the following criteria:

- (a) Submit temporary permit fee and application form approved by the secretary for initial credential;
- (b) Submit verification from each state in which currently licensed that applicant is currently licensed and in good standing as a nursing home administrator in that state;
- (c) Have a written agreement for consultation with a Washington state licensed nursing home administrator.

(2005 Ed.)

(2) Subsection (1)(b) of this section does not apply if the applicant is an administrator of a religious care facility acting under a limited license described in RCW 18.52.071.

[Statutory Authority: Chapters 18.52, 34.05 RCW and RCW 18.130.075. 00-01-072, § 246-843-231, filed 12/13/99, effective 1/13/00.]

**WAC 246-843-330 Inactive license.** (1) A practitioner may obtain an inactive license. Refer to the requirements of chapter 246-12 WAC, Part 4.

(2) To return to active status from inactive status if the license has been on inactive status for less than five years, the practitioner must meet the requirements of WAC 246-12-110.

(3) To return to active status from inactive status if the license has been on inactive status for five years or more:

(a) If the practitioner has been in active practice as a licensed nursing home administrator in another jurisdiction during that time, the practitioner must:

- (i) Meet the requirements of WAC 246-12-110; and
- (ii) Provide proof of active practice; or

(b) If the practitioner has not been in active practice as a licensed nursing home administrator in another jurisdiction during that time, the practitioner must:

- (i) Meet the requirements of WAC 246-12-110; and
- (ii) Successfully complete the current licensing examination.

[Statutory Authority: RCW 18.52.061. 02-23-070, § 246-843-330, filed 11/19/02, effective 2/17/03. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-843-330, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-330, filed 11/27/91, effective 12/28/91; 91-06-059 (Order 149B), § 246-843-330, filed 3/1/91, effective 4/1/91.]

**WAC 246-843-340 Adjudicative proceedings.** The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.52.061. 93-23-034, § 246-843-340, filed 11/10/93, effective 12/11/93.]

**WAC 246-843-990 Nursing home administrator fees and renewal cycle.** (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Application - Original license	\$200.00
Administrator-in-training	100.00
Application - Endorsement	295.00
Temporary permit	190.00
Renewal	295.00
Inactive license renewal	110.00
Late renewal penalty	145.00
Expired license reissuance	147.50
Late renewal penalty - inactive	55.00
Expired inactive license reissuance	55.00
Duplicate license	15.00
Certification of license	15.00

[Statutory Authority: RCW 43.70.250, [43.70.]280 and chapter 18.52 RCW. 99-24-098, § 246-843-990, filed 11/30/99, effective 12/31/99. Statutory

Authority: RCW 43.70.280. 98-05-060, § 246-843-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250 and chapter 18.52 RCW. 94-09-006, § 246-843-990, filed 4/11/94, effective 5/12/94. Statutory Authority: RCW 43.70.250. 93-14-011, § 246-843-990, filed 6/24/93, effective 7/25/93; 91-09-051 (Order 154), § 246-843-990, filed 4/16/91, effective 5/17/91. Statutory Authority: RCW 43.70.040. 91-06-058 (Order 138), recodified as § 246-843-990, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-54-315, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 87-18-031 (Order PM 667), § 308-54-315, filed 8/27/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-54-315, filed 8/10/83. Formerly WAC 308-54-310.]

### Chapter 246-845 WAC NURSING POOL

#### WAC

246-845-050	Registration of a nursing pool.
246-845-060	Application.
246-845-070	Registrations.
246-845-080	Insurance requirements.
246-845-090	Quality assurance standards.
246-845-110	Denial, suspension, or revocation of registration.
246-845-990	Nursing pool fees and renewal cycle.

#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-845-020	Registration of a nursing pool. [Statutory Authority: RCW 18.52C.030. 92-02-018 (Order 224), § 246-845-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-845-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.52.030. 89-05-019 (Order PM 794), § 308-310-020, filed 2/10/89.] Repealed by 93-14-011, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.250.
246-845-030	Renewal of registration. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-845-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.52.030. 89-05-019 (Order PM 794), § 308-310-030, filed 2/10/89.] Repealed by 93-14-011, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.250.
246-845-040	Denial, suspension, or revocation of registration. [Statutory Authority: RCW 18.52C.030 and 18.130.050. 92-02-018 (Order 224), § 246-845-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-845-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.52.030. 89-05-019 (Order PM 794), § 308-310-040, filed 2/10/89.] Repealed by 93-14-011, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.250.
246-845-100	Renewal of registration. [Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-100, filed 6/24/93, effective 7/25/93.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

#### WAC 246-845-050 Registration of a nursing pool.

After January 1, 1989, no individual, firm, corporation, partnership, or association may advertise, operate, manage, conduct, open, or maintain a business providing, procuring, or referring health care personnel for temporary employment in health care facilities without first registering with the department of health.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-050, filed 6/24/93, effective 7/25/93.]

**WAC 246-845-060 Application.** Applicants for nursing pool registration shall submit to the department of health:

(1) A completed application for registration on forms furnished by the department;

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- (2) A registration fee as established by the secretary;
- (3) Evidence of professional or general liability insurance in accordance with WAC 246-845-080;
- (4) A signed quality assurance standards affidavit, and documentation of methods used for compliance with the standards established in WAC 246-845-090;
- (5) The Washington state corporation certification number or a copy of the "certificate of authority to do business in Washington" if the nursing pool is owned by a corporation.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-060, filed 6/24/93, effective 7/25/93.]

**WAC 246-845-070 Registrations.** (1) If the applicant meets the requirements of this chapter and chapter 18.130 RCW, the department shall issue a nursing pool registration. The registration shall remain effective for a period of one year from date of issuance unless revoked or suspended pursuant to chapter 18.130 RCW, or voided pursuant to subsection (2) of this section.

(2) If the registered nursing pool is sold or ownership or management is transferred, the new owner or operator shall apply for a new registration.

(3) Each separate location of the business of a nursing pool shall have a separate registration.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-070, filed 6/24/93, effective 7/25/93.]

**WAC 246-845-080 Insurance requirements.** Each nursing pool shall carry professional and general liability insurance in the amount of one million dollars per occurrence for each person who delivers patient care services. The policy must show coverage using one of the following methods:

(1) The nursing pool maintains insurance coverage in the amount indicated for the nursing pool itself and its employees or agents; or

(2) The nursing pool maintains professional and general liability insurance for its own liability in the amount indicated and only refers self-employed, independent contractors who must maintain their own professional and general liability insurance in the amount indicated. Written evidence of such insurance coverage shall be maintained by the nursing pool in the independent contractor's personnel file for a minimum of three years.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-080, filed 6/24/93, effective 7/25/93.]

**WAC 246-845-090 Quality assurance standards.** Nursing pools shall comply with the quality assurance standards contained in this section. Evidence of compliance with these standards shall be retained by the nursing pool and be available for inspection by the department for a minimum of three years. These standards are as follows:

(1) Establishment of a prehire/precontract screening procedure which includes the following:

(a) Written or verbal verification of two references relevant to the work the applicant proposes to do for the nursing pool. References must include dates of employment/contracting;

(b) Written verification of applicant's current, unrestricted professional license, certificate, or registration issued by the department;

(c) Written verification of any certification by a private or public entity in clinical areas relevant to the applicant's proposed work;

(d) Written verification of current cardiopulmonary resuscitation certification;

(e) Written health screening plan that assures that each applicant is free of tuberculosis, physically able to perform the job duties required for the position, and compliance with OSHA regulations regarding the HBV virus;

(f) Compliance with RCW 43.43.830 regarding criminal history disclosure and background inquiries;

(g) Establishment of a post-hire/post-contract procedure which includes the following:

(i) Written procedure for orientation of all new hires/contractors to the nursing pool's policies and procedures prior to beginning work;

(ii) Written performance evaluation plan to include written evaluations from facilities regarding performance of persons who have delivered patient care services;

(iii) Written continuing education program for personnel/contractors that at a minimum provides educational programs on a variety of related topics relevant to the work performed to include: HIV/HBV information, fire and safety, universal precautions, infection control, and information concerning Washington state abuse reporting requirements;

(2) Compliance with state and federal wage and labor laws, and federal immigration laws.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-090, filed 6/24/93, effective 7/25/93.]

**WAC 246-845-110 Denial, suspension, or revocation of registration.** The secretary may deny, suspend, or revoke the registration and/or assess penalties if any nursing pool is found to have violated the provisions of chapter 18.130 RCW, the Uniform Disciplinary Act, or of this chapter.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-110, filed 6/24/93, effective 7/25/93.]

**WAC 246-845-990 Nursing pool fees and renewal cycle.** (1) Registrations must be renewed every year on the date of original issuance as provided in chapter 246-12 WAC, Part 3.

(2) The following nonrefundable fees will be charged:

Title	Fee
Registration application	\$100.00
Registration renewal	115.00
Late renewal penalty	57.50
Expired registration reissuance	57.50

[Statutory Authority: RCW 43.70.250. 99-08-101, § 246-845-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-845-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-990, filed 6/24/93, effective 7/25/93; 91-13-002 (Order 173), § 246-845-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-845-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-310-010, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 88-20-076 (Order 784), § 308-310-010, filed 10/5/88.]

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## Chapter 246-847 WAC OCCUPATIONAL THERAPISTS

### WAC

246-847-010	Definitions.
246-847-020	Persons exempt from the definition of an occupational therapy aide.
246-847-030	Occupational therapists acting in a consulting capacity.
246-847-040	Recognized educational programs—Occupational therapists.
246-847-050	Recognized educational programs—Occupational therapy assistants.
246-847-055	Initial application for individuals who have not practiced within the past four years.
246-847-065	Continued competency.
246-847-068	Expired license.
246-847-070	Inactive credential.
246-847-080	Examinations.
246-847-090	Proof of actual practice.
246-847-100	Examination dates for applicants under RCW 18.59.070(3).
246-847-110	Persons exempt from licensure pursuant to RCW 18.59.040(5).
246-847-115	Limited permits.
246-847-117	Temporary permits—Issuance and duration pursuant to RCW 18.130.075.
246-847-120	Foreign trained applicants.
246-847-125	Applicants currently licensed in other states or territories.
246-847-130	Definition of "commonly accepted standards for the profession."
246-847-140	Supervised fieldwork experience—Occupational therapists.
246-847-150	Supervised fieldwork experience—Occupational therapy assistants.
246-847-160	Unprofessional conduct or gross incompetency.
246-847-170	Code of ethics and standards of professional conduct.
246-847-180	Mandatory reporting.
246-847-190	AIDS education and training.
246-847-340	Philosophy governing voluntary substance abuse monitoring programs.
246-847-350	Terms used in WAC 246-847-340 through 246-847-370.
246-847-360	Approval of substance abuse monitoring programs.
246-847-370	Participation in approved substance abuse monitoring program.
246-847-990	Occupational therapy fees and renewal cycle.

### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-847-060	License renewal registration date and fee. [Statutory Authority: RCW 18.59.130. 94-20-036, § 246-847-060, filed 9/28/94, effective 10/29/94; 91-23-047 (Order 213B), § 246-847-060, filed 11/14/91, effective 12/15/91; 91-05-027 (Order 112B), recodified as § 246-847-060, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130 and 18.130.050. 89-01-081 (Order PM 805), § 308-171-040, filed 12/20/88. Statutory Authority: RCW 18.59.110. 87-04-015 (Order PM 636), § 308-171-040, filed 1/26/87; 85-06-012 (Order PL 514), § 308-171-040, filed 2/22/85.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
246-847-200	Application for licensure. [Statutory Authority: RCW 18.59.130. 93-18-093 (Order 394B), § 246-847-200, filed 9/1/93, effective 10/2/93; 91-05-027 (Order 112B), recodified as § 246-847-200, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130 and 18.130.050. 89-01-081 (Order PM 805), § 308-171-330, filed 12/20/88.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

**WAC 246-847-010 Definitions.** (1) The following terms in RCW 18.59.020(2) shall mean:

(a) "Scientifically based use of purposeful activity" is the treatment of individuals using established methodology based upon the behavioral and biological sciences and includes the analysis, application and adaptation of activities

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for use with individuals having a variety of physical, emotional, cognitive and social disorders. Use of purposeful activity includes a process of continually modifying treatment to meet the changing needs of an individual. Purposeful activity is goal-oriented and cannot be routinely prescribed.

(b) "Teaching daily living skills" is the instruction in daily living skills based upon the evaluation of all the components of the individual's disability and the adaptation or treatment based on the evaluation. Components of a disability are physical, sensory, social, emotional and cognitive functions.

(c) "Developing prevocational skills and play and avocational capabilities" is not only the development of prevocational skills and play and avocational capabilities but involves the scientifically based use of purposeful activity.

(d) "Designing, fabricating, or applying selected orthotic and prosthetic devices or selected adaptive equipment" is not specific occupational therapy services if a person designs, fabricates, or applies selected orthotic and prosthetic devices or selected adaptive equipment for an individual if the device or equipment is prescribed or ordered by a health care professional authorized by the laws of the state of Washington to prescribe the device or equipment or direct the design, fabrication, or application of the device or equipment.

(e) "Adapting environments for the handicapped" is the evaluation of all the components of an individual's disability and the adaptation of the environment of the individual based on the evaluation. Components of a disability are physical, sensory, social, emotional and cognitive functions.

(2) "Supervision" and "regular consultation" of an occupational therapy assistant by an occupational therapist in RCW 18.59.020(4) and "direct supervision" of a person holding a limited permit by an occupational therapist in RCW 18.59.040(7) shall mean face to face meetings between the occupational therapist and occupational therapy assistant and between the occupational therapist and holder of a limited permit occurring at intervals as determined necessary by the occupational therapist to establish, review, or revise the client's treatment objectives. The meetings shall be documented and the documentation shall be maintained in each client's treatment record. The failure to meet to establish, review, or revise the client's treatment objectives at sufficient intervals to meet the client's needs shall be grounds for disciplinary action against the occupational therapist's license and/or the occupational therapy assistant's license to practice in the state of Washington and/or the limited permit pursuant to WAC 246-847-160 (4) and (14), 246-847-170 (2) and (3) and RCW 18.59.100 for conduct occurring prior to June 11, 1986 and pursuant to RCW 18.130.180 for conduct occurring on or after June 11, 1986.

(3) "Professional supervision" of an occupational therapy aide in RCW 18.59.020(5) shall mean:

(a) Documented training by the occupational therapist of the occupational therapy aide in each specific occupational therapy technique for each specific client and the training shall be performed on the client;

(b) Face to face meetings between the occupational therapy aide and the supervising occupational therapist or an occupational therapy assistant under the direction of the supervising occupational therapist occurring at intervals as determined by the occupational therapist to meet the client's needs, but shall occur at least once every two weeks; and

(c) The occupational therapist shall observe the occupational therapy aide perform on the client the specific occupational therapy techniques for which the occupational therapy aide was trained at intervals as determined by the occupational therapist to meet the client's needs, but shall occur at least once a month.

The meetings and client contacts shall be documented and the documentation shall be maintained in the client's treatment records. The failure to meet at sufficient intervals to meet the client's needs shall be grounds for disciplinary action against the occupational therapist's license to practice in the state of Washington pursuant to WAC 246-847-160 (4) and (14), 246-847-170 (2) and (3) and RCW 18.59.100 for conduct occurring prior to June 11, 1986 and pursuant to RCW 18.130.180 for conduct occurring on or after June 11, 1986.

(4) Sections (2) and (3) of this rule shall not be effective until July 1, 1985.

(5) "Clients" include patients, students, and those to whom occupational therapy services are delivered.

(6) "Evaluation" is the process of obtaining and interpreting data necessary for treatment, which includes, but is not limited to, planning for and documenting the evaluation process and results. The evaluation data may be gathered through record review, specific observation, interview, and the administration of data collection procedures, which include, but are not limited to, the use of standardized tests, performance checklists, and activities and tasks designed to evaluate specific performance abilities.

(7) "Work site" in RCW 18.59.080 means the primary work location.

(8) "In association" for RCW 18.59.040(7) shall mean practicing in a setting in which another occupational therapist licensed in the state of Washington is available for consultation and assistance as needed to provide protection for the clients' health, safety and welfare.

(9) One "contact hour" is considered to be fifty minutes.

(10) "Peer reviewer" shall mean a licensed occupational therapist chosen by the licensee to review the self study plan and verify that the self study activity meets the objectives for peer reviewed self study as defined in WAC 246-847-065.

[Statutory Authority: RCW 18.59.130, 92-18-015 (Order 300B), § 246-847-010, filed 8/24/92, effective 9/24/92; 91-11-064 (Order 171B), § 246-847-010, filed 5/16/91, effective 6/16/91; 91-05-027 (Order 112B), recodified as § 246-847-010, filed 2/12/91, effective 3/15/91. Statutory Authority: Chapter 18.59 RCW, 90-16-071 (Order 075), § 308-171-001, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.59.130 and 18.130.050, 87-09-044 (Order PM 645), § 308-171-001, filed 4/14/87. Statutory Authority: RCW 18.59.130(2) and 18.130.050(1), 86-17-064 (Order PM 610), § 308-171-001, filed 8/19/86. Statutory Authority: RCW 18.59.130(2) and 18.59.020(5), 86-10-004 (Order PL 588), § 308-171-001, filed 4/24/86. Statutory Authority: RCW 18.59.130(2), 85-12-010 (Order PL 529), § 308-171-001, filed 5/23/85. Statutory Authority: RCW 18.59.130(2) and 18.59.020, 85-05-008 (Order PL 513), § 308-171-001, filed 2/11/85.]

**WAC 246-847-020 Persons exempt from the definition of an occupational therapy aide.** An "occupational therapy aide" for whom an occupational therapist must provide professional supervision pursuant to RCW 18.59.020(5) does not include persons employed at a facility who are performing services under the supervision or direction of another licensed health care practitioner or certified teacher if

the occupational therapist serves solely in a consulting capacity to the facility.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-020, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130 and 18.130.050. 87-09-044 (Order PM 645), § 308-171-002, filed 4/14/87. Statutory Authority: RCW 18.59.130(2). 87-01-088 (Order PM 630), § 308-171-002, filed 12/22/86.]

**WAC 246-847-030 Occupational therapists acting in a consulting capacity.** (1) "Consulting capacity" shall mean the providing of information and recommendations which the facility, licensed health care practitioners, or certified teachers employed at that facility may accept, reject, or modify at the election of the facility, the licensed health care practitioners, or certified teachers and if the occupational therapist's recommendations are accepted or modified then the recommendations shall be incorporated into the patient's health care plan as part of the nursing or physician's care plan or educational care plan and not held out as the providing of occupational therapy services to the patients or public or billed by the facility as the providing of occupational therapy services to the patients.

(2) An occupational therapist acting in a consulting capacity shall include the following information in the occupational therapist's documentation:

- (a) Date of consultation;
- (b) To whom the consultation is provided;
- (c) Description of services provided;
- (d) Consultation recommendation; and
- (e) Recommendations concerning who should implement the consultation recommendations.

The documentation described above shall be retained by the consulting occupational therapist.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-030, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130 and 18.130.050. 87-09-044 (Order PM 645), § 308-171-003, filed 4/14/87.]

**WAC 246-847-040 Recognized educational programs—Occupational therapists.** The board recognizes and approves courses of instruction conducted by schools that have obtained accreditation of the program in occupational therapy from the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education as recognized in the current Listing of *Educational Programs in Occupational Therapy* published by the American Occupational Therapy Association, Inc.

[Statutory Authority: RCW 18.59.130. 94-20-036, § 246-847-040, filed 9/28/94, effective 10/29/94; 91-23-047 (Order 213B), § 246-847-040, filed 11/14/91, effective 12/15/91; 91-11-064 (Order 171B), § 246-847-040, filed 5/16/91, effective 6/16/91; 91-05-027 (Order 112B), recodified as § 246-847-040, filed 2/12/91, effective 3/15/91. Statutory Authority: Chapter 18.59 RCW. 90-16-071 (Order 075), § 308-171-010, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.59.130 and 18.130.050. 89-01-081 (Order PM 805), § 308-171-010, filed 12/20/88. Statutory Authority: RCW 18.59.050. 88-09-031 (Order PM 721), § 308-171-010, filed 4/15/88. Statutory Authority: RCW 18.59.130 and 18.130.050. 87-09-044 (Order PM 645), § 308-171-010, filed 4/14/87. Statutory Authority: RCW 18.59.130(2). 85-05-008 (Order PL 513), § 308-171-010, filed 2/11/85.]

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**WAC 246-847-050 Recognized educational programs—Occupational therapy assistants.** The board recognizes and approves courses of instruction conducted by schools that have obtained approval of the occupational therapy assistant associate degree programs and occupational therapy assistant certificate programs from the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education as recognized in the current Listing of *Educational Programs in Occupational Therapy* published by the American Occupational Therapy Association, Inc.

[Statutory Authority: RCW 18.59.130. 94-20-036, § 246-847-050, filed 9/28/94, effective 10/29/94; 91-23-047 (Order 213B), § 246-847-050, filed 11/14/91, effective 12/15/91; 91-11-064 (Order 171B), § 246-847-050, filed 5/16/91, effective 6/16/91; 91-05-027 (Order 112B), recodified as § 246-847-050, filed 2/12/91, effective 3/15/91. Statutory Authority: Chapter 18.59 RCW. 90-16-071 (Order 075), § 308-171-020, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.59.130 and 18.130.050. 89-01-081 (Order PM 805), § 308-171-020, filed 12/20/88. Statutory Authority: RCW 18.59.050. 88-09-031 (Order PM 721), § 308-171-020, filed 4/15/88. Statutory Authority: RCW 18.59.130 and 18.130.050. 87-09-044 (Order PM 645), § 308-171-020, filed 4/14/87. Statutory Authority: RCW 18.59.130(2). 85-05-008 (Order PL 513), § 308-171-020, filed 2/11/85.]

**WAC 246-847-055 Initial application for individuals who have not practiced within the past four years.** (1) Any initial applicant who has not been actively engaged in the practice of occupational therapy within the past four years shall provide, in addition to the requirements for licensure as specified in RCW 18.59.050 and WAC 246-847-190:

(a) Evidence of having successfully completed an approved occupational therapy or occupational therapy assistant program within the past four years and documentation of thirty hours of continued competency as described in WAC 246-847-065 for the previous two-year period; or

(b) Evidence of having passed the examination as defined in WAC 246-847-080 within the previous two-year period and documentation of thirty hours of continued competency as described in WAC 246-847-065 for the previous two year-period; or

(c) Evidence of having successfully completed a board approved educational program specifically designed for occupational therapists or occupational therapy assistants preparing for re-entry into the field of occupational therapy.

(2) The applicant may be required to appear before the board for oral interview.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-847-055, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.59.130. 93-18-093 (Order 394B), § 246-847-055, filed 9/1/93, effective 10/2/93.]

**WAC 246-847-065 Continued competency.** Licensed occupational therapists must complete thirty hours of continuing education every two years as required in chapter 246-12 WAC, Part 7.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-847-065, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.59.130. 92-18-015 (Order 300B), § 246-847-065, filed 8/24/92, effective 9/24/92; 91-11-064 (Order 171B), § 246-847-065, filed 5/16/91, effective 6/16/91; 91-05-027 (Order 112B), recodified as § 246-847-065, filed 2/12/91, effective 3/15/91; 90-22-011 (Order 094), § 308-171-041, filed 10/26/90, effective 11/26/90.]

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**WAC 246-847-068 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, and the practitioner has been in active practice in another United States jurisdiction, the practitioner must:

(a) Submit verification of active practice from any other United States jurisdiction;

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

(3) If the license has expired for over three years, and the practitioner has not been in active practice in another United States jurisdiction, the practitioner must:

(a) Either provide evidence of having passed the examination as defined in WAC 246-847-080 within the previous two-year period or provide evidence of successfully completing a board-approved educational program specifically designed for occupational therapists or occupational therapy assistants preparing for reentry into the field of occupational therapy;

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

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-847-068, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.59.130. 94-20-036, § 246-847-068, filed 9/28/94, effective 10/29/94; 93-18-093 (Order 394B), § 246-847-068, filed 9/1/93, effective 10/2/93.]

**WAC 246-847-070 Inactive credential.** A practitioner may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-847-070, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.59.130. 93-18-093 (Order 394B), § 246-847-070, filed 9/1/93, effective 10/2/93; 91-05-027 (Order 112B), recodified as § 246-847-070, filed 2/12/91, effective 3/15/91; 90-22-011 (Order 094), § 308-171-045, filed 10/26/90, effective 11/26/90. Statutory Authority: RCW 18.59.090(3). 86-21-026 (Order PM 620), § 308-171-045, filed 10/8/86.]

**WAC 246-847-080 Examinations.** (1) The current series of the American Occupational Therapy Certification Board examination shall be the official examination for licensure as an occupational therapist or as an occupational therapy assistant.

(2) The examination for licensure as an occupational therapist shall be conducted twice a year.

(3) The examination for licensure as an occupational therapy assistant shall be conducted twice a year.

(4) The program manager of the board shall negotiate with the American Occupational Therapy Certification Board for the use of the certification examination.

(5) The examination shall be conducted in accordance with the American Occupational Therapy Certification Board security measures and contract.

(6) Applicants shall be notified of the examination results in accordance with the procedures developed by the American Occupational Therapy Certification Board.

(7) Examination scores will not be released except as authorized by the applicant in writing.

(8) To be eligible for a license, applicants must attain a passing score on the examination administered by the American Occupational Therapy Certification Board.

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[Statutory Authority: RCW 18.59.130. 93-18-093 (Order 394B), § 246-847-080, filed 9/1/93, effective 10/2/93; 92-18-015 (Order 300B), § 246-847-080, filed 8/24/92, effective 9/24/92; 91-05-027 (Order 112B), recodified as § 246-847-080, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2). 86-10-004 (Order PL 588), § 308-171-100, filed 4/24/86; 85-05-008 (Order PL 513), § 308-171-100, filed 2/11/85.]

**WAC 246-847-090 Proof of actual practice.** An applicant seeking waiver of the education and experience requirements as provided in RCW 18.59.070(3) shall submit the following as proof of actual practice:

(1) Applicant's affidavit containing the following information:

(a) Location and dates of employment between June 7, 1981 and June 7, 1984;

(b) Description of capacity in which applicant was employed, including job title and description of specific duties;

(c) Description of nature of clientele; and

(d) Name and title of direct supervisor.

(2) Written job description.

(3) Affidavit from employer(s), from June 7, 1981 through June 7, 1984, containing the following information:

(a) Dates of applicant's employment,

(b) Description of applicant's specific duties, and

(c) Employer's title.

After reviewing the information submitted, the board may require submission of additional information if the board deems additional information necessary for purposes of clarifying the information previously submitted.

The proof of actual practice shall be submitted to the board's office no later than March 1, 1985.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-090, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2) and 18.59.070(3). 85-05-008 (Order PL 513), § 308-171-101, filed 2/11/85.]

**WAC 246-847-100 Examination dates for applicants under RCW 18.59.070(3).** (1) Applicants for an occupational therapist license under RCW 18.59.070(3) shall take the examination no later than June 29, 1985.

(2) Applicants for an occupational therapy assistant license under RCW 18.59.070(3) shall take the examination no later than July 20, 1985.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-100, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2). 85-05-008 (Order PL 513), § 308-171-102, filed 2/11/85.]

**WAC 246-847-110 Persons exempt from licensure pursuant to RCW 18.59.040(5).** (1) To qualify for the exemption from licensure pursuant to RCW 18.59.040(5), the individual claiming the exemption shall have been actively engaged in the practice of occupational therapy within the preceding four-year period and shall in writing notify the department, at least thirty days before any occupational therapy services are performed in this state, of the following:

(a) In which state(s) the individual is licensed to perform occupational therapy services and the license number(s); and

(b) The name, address, and telephone number of at least one facility or employer where the individual has been

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engaged in the practice of occupational therapy within the preceding four years; or

(c) If the exemption is claimed pursuant to RCW 18.59.040 (5)(b), the individual shall submit a signed notarized statement attesting to:

(i) Having passed the American Occupational Therapy Certification Board examination; and

(ii) Having engaged in occupational therapy practice within the preceding four years, including the name, address, and telephone number of at least one facility or employer during this period;

(iii) Not having engaged in unprofessional conduct or gross incompetency as established in WAC 246-847-160 for conduct occurring prior to June 11, 1986 and as established in RCW 18.130.180 for conduct occurring on or after June 11, 1986; and not having been convicted of a crime involving moral turpitude or a felony relating to the profession of occupational therapy; and

(d) A signed notarized statement describing when the occupational therapy services will be performed, where the occupational therapy services will be performed, and how long the individual will be performing occupational therapy services in this state.

(2) A ninety-day temporary permit must be received by the occupational therapist prior to rendering of occupational therapy services.

(3) "Working days" in RCW 18.59.040(5) shall mean consecutive calendar days.

[Statutory Authority: RCW 18.59.130.92-18-015 (Order 300B), § 246-847-110, filed 8/24/92, effective 9/24/92; 91-11-064 (Order 171B), § 246-847-110, filed 5/16/91, effective 6/16/91; 91-05-027 (Order 112B), recodified as § 246-847-110, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2) and 18.59.050(1). 86-17-064 (Order PM 610), § 308-171-103, filed 8/19/86. Statutory Authority: RCW 18.59.130(2) and 18.59.040 (5)(b). 86-10-004 (Order PL 588), § 308-171-103, filed 4/24/86. Statutory Authority: RCW 18.59.130(2). 85-12-010 (Order PL 529), § 308-171-103, filed 5/23/85.]

**WAC 246-847-115 Limited permits.** (1) An applicant is eligible for a limited permit under RCW 18.59.040(7), provided the applicant takes the first examination for which he or she is eligible.

(2) An applicant who successfully passes the examination for licensure and who has a valid limited permit through the department of health at the time the examination results are made public shall be deemed to be validly licensed under the limited permit for the next thirty calendar days.

[Statutory Authority: RCW 18.59.130.93-18-093 (Order 394B), § 246-847-115, filed 9/1/93, effective 10/2/93; 91-23-047 (Order 213B), § 246-847-115, filed 11/14/91, effective 12/15/91.]

**WAC 246-847-117 Temporary permits—Issuance and duration pursuant to RCW 18.130.075.** (1) Unless there is a basis for denial of an occupational therapist or occupational therapy assistant license, an applicant who is currently licensed in a jurisdiction considered by the board to have licensing standards substantially equivalent to Washington's shall be issued a temporary practice permit after receipt of the following documentation by the department of health:

(a) Submission of a completed occupational therapist or occupational therapy assistant application on which the applicant indicates that he or she wishes to receive a temporary practice permit;

(b) Payment of the application fee and temporary practice permit fee; and

(c) Direct written verification of current licensure from the state whose licensing standards are substantially equivalent to Washington's.

(2) The temporary practice permit shall expire upon the issuance of a license by the board; initiation of an investigation by the board; or ninety days, whichever occurs first.

(3) An applicant who receives a temporary practice permit and who does not complete the licensure application process shall not receive additional temporary practice permits even upon submission of a new application in the future.

[Statutory Authority: RCW 18.59.130.92-18-015 (Order 300B), § 246-847-117, filed 8/24/92, effective 9/24/92.]

**WAC 246-847-120 Foreign trained applicants.** An applicant obtaining education and training at foreign institutions shall submit the following information for the board's consideration in determining whether or not to waive the education and experience requirements for licensure, pursuant to RCW 18.59.070(1):

(1) An official description of the education program at the educational institution and if the description is not in English, then an English translation signed by the translator shall be submitted with the official description;

(2) An official transcript of the applicant's grades from the educational institution and if the transcript is not in English, then an English translation signed by the translator shall be submitted with the official transcript;

(3) Applicant's affidavit containing the following information:

(a) Location and dates of employment as an occupational therapist or occupational therapy assistant for up to three years immediately prior to the date of application;

(b) Description of capacity in which applicant was employed, including job titles and description of specific duties;

(c) Description of nature of clientele; and

(d) Name and title of direct supervisors;

(4) Written job description for each employment as an occupational therapist or occupational therapy assistant for up to three years immediately prior to the date of application;

(5) Signed, written statements from all employers or direct supervisors for up to three years immediately prior to the date of application containing the following information:

(a) Dates of applicant's employment;

(b) Description of applicant's specific duties; and

(c) Employer or direct supervisor's title;

(6) If the applicant graduated from the educational institution within the three years immediately prior to the application, the applicant shall obtain a signed, written statement from the applicant's program director at the educational institution discussing the applicant's fieldwork experience at the educational institution.

After reviewing the information submitted, the board may require submission of additional information necessary for purposes of clarifying the information previously submitted.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-120, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2). 86-17-064 (Order PM 610), § 308-171-104, filed 8/19/86; 86-10-004 (Order PL 588), § 308-171-104, filed 4/24/86.]

**WAC 246-847-125 Applicants currently licensed in other states or territories.** (1) Before licensure may be extended to any individual currently licensed to practice as an occupational therapist or occupational therapy assistant in another state, the District of Columbia, or a territory of the United States as provided in RCW 18.59.070(2), the following conditions must be met:

(a) Evidence of having met the requirements for licensure as provided in RCW 18.59.050; and

(b) Verification of current licensure from any state, the District of Columbia, or a territory of the United States on forms provided by the secretary; and

(c) Verification of having passed the examination as defined in WAC 246-847-080; and

(d) Evidence of having been actively engaged in the practice of occupational therapy within the preceding four-year period.

(2) If the applicant has not been actively engaged in the practice of occupational therapy within the past four years, the following conditions must be met:

(a) Evidence of having taken and passed the examination as defined in WAC 246-847-080 within the previous two-year period and documentation of thirty hours of continued competency as described in WAC 246-847-065 for the previous two-year period; or

(b) Evidence of having successfully completed a board approved educational program specifically designed for occupational therapists or occupational therapy assistants preparing for reentry into the field of occupational therapy.

(3) The applicant may be required to appear before the board for oral interview.

[Statutory Authority: RCW 18.59.130. 93-18-093 (Order 394B), § 246-847-125, filed 9/1/93, effective 10/2/93.]

**WAC 246-847-130 Definition of "commonly accepted standards for the profession."** "Commonly accepted standards for the profession" in RCW 18.59.040 (5)(b) and 18.59.070 shall mean having passed the American Occupational Therapy Association certification examination, not having engaged in unprofessional conduct or gross incompetency as established by the board in WAC 246-847-160 for conduct occurring prior to June 11, 1986 and as established in RCW 18.130.180 for conduct occurring on or after June 11, 1986, and not having been convicted of a crime of moral turpitude or a felony which relates to the profession of occupational therapy.

[Statutory Authority: RCW 18.59.130. 93-18-093 (Order 394B), § 246-847-130, filed 9/1/93, effective 10/2/93; 91-05-027 (Order 112B), recodified as § 246-847-130, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2) and 18.130.050(1). 86-17-064 (Order PM 610), § 308-171-200, filed 8/19/86. Statutory Authority: RCW 18.59.130(2), 18.59.040 (5)(b) and 18.59.070(1). 86-10-004 (Order PL 588), § 308-171-200, filed 4/24/86. Stat-

utory Authority: RCW 18.59.130(2) and 18.59.070. 85-05-008 (Order PL 513), § 308-171-200, filed 2/11/85.]

**WAC 246-847-140 Supervised fieldwork experience—Occupational therapists.** "Supervised fieldwork experience" in RCW 18.59.050 (1)(c)(i) shall mean a minimum six months of Level II fieldwork conducted in settings approved by the applicant's academic program. Level II fieldwork is to provide an in-depth experience in delivering occupational therapy services to clients and to provide opportunities for supervised practice of occupational therapist entry-level roles. The minimum six months supervised fieldwork experience required by RCW 18.59.050 (1)(c)(i) shall not include Level I fieldwork experience as defined by the American Occupational Therapy Association.

The supervised fieldwork experience shall consist of a minimum of six months sustained fieldwork on a full-time basis. "Full-time basis" is as required by the fieldwork setting.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-140, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2). 87-01-088 (Order PM 630), § 308-171-201, filed 12/22/86; 85-05-008 (Order PL 513), § 308-171-201, filed 2/11/85.]

**WAC 246-847-150 Supervised fieldwork experience—Occupational therapy assistants.** "Supervised fieldwork experience" in RCW 18.59.050 (1)(c)(ii) shall mean a minimum two months of Level II fieldwork conducted in settings approved by the applicant's academic or training program. Level II fieldwork is to provide an in-depth experience in delivering occupational therapy services to clients and to provide opportunities for supervised practice of occupational therapy assistant entry-level roles. The minimum two months supervised fieldwork experience required by RCW 18.59.050 (1)(c)(ii) shall not include Level I fieldwork experience as defined by the American Occupational Therapy Association.

The supervised fieldwork experience shall consist of a minimum of two one-month sustained fieldwork placements not less than forty full-time workdays. "Full-time workdays" is as required by the fieldwork setting.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-150, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2). 85-05-008 (Order PL 513), § 308-171-202, filed 2/11/85.]

**WAC 246-847-160 Unprofessional conduct or gross incompetency.** The following conduct, acts, or conditions constitute unprofessional conduct or gross incompetency for any license holder or applicant if the conduct, acts, or conditions occurred or existed prior to June 11, 1986:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the

conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;

(3) All advertising which is false, fraudulent, or misleading;

(4) Incompetence, negligence, or actions in the practice of the profession which result in, or have a significant likelihood of resulting in, harm to the patient or public;

(5) Suspension, revocation, or restriction of the individual's license to practice the profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order or agreement being conclusive evidence of the revocation, suspension, or restriction;

(6) The possession, use, addiction to, prescription for use, diversion, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, or violation of any drug law;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

(8) Failure to cooperate with the disciplining authority by:

(a) Not furnishing any papers or documents;

(b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority; or

(c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding;

(9) Failure to comply with an order issued by the disciplining authority;

(10) Aiding or abetting an unlicensed person to practice when a license is required;

(11) Willful or repeated violations of rules established by any health agency or authority of the state or a political subdivision thereof;

(12) Practice beyond the scope of practice as defined by law;

(13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;

(14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;

(15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;

(16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;

(17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(18) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the

licensee refuses to divulge upon demand of the disciplining authority;

(19) Violation of chapter 19.68 RCW;

(20) Interference with an investigation or disciplinary proceeding by wilful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action;

(21) Any mental or physical condition which results in, or has a significant likelihood of resulting in, an inability to practice with reasonable skill and safety to consumers.

(22) Abuse of a client or patient or sexual contact resulting from abuse of the client-practitioner relationship.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-160, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2) and 18.130.050(1). 86-17-064 (Order PM 610), § 308-171-300, filed 8/19/86. Statutory Authority: RCW 18.59.130(2) and 18.59.100. 85-05-008 (Order PL 513), § 308-171-300, filed 2/11/85.]

**WAC 246-847-170 Code of ethics and standards of professional conduct.** (1) It is the professional responsibility of occupational therapists and occupational therapy assistants to provide services for clients without regard to race, creed, national origin, gender, handicap or religious affiliation.

(2) Treatment objectives and the therapeutic process must be formulated to ensure professional accountability.

(3) Services shall be goal-directed in accordance with the overall educational, habilitation or rehabilitation plan and shall include a system to ensure professional accountability.

(4) Occupational therapists and occupational therapy assistants shall recommend termination of services when established goals have been met or when further services would not produce improved client performance.

(5) Occupational therapists and occupational therapy assistants shall accurately represent their competence, education, training and experience.

(6) Occupational therapists and occupational therapy assistants shall only provide services and use techniques for which they are qualified by education, training, and experience.

(7) Occupational therapists and occupational therapy assistants shall accurately record information and report information as required by facility standards and state and federal laws.

(8) All data recorded in permanent files or records shall be supported by the occupational therapist or the occupational therapy assistant's observations or by objective measures of data collection.

(9) Client's records shall only be divulged as authorized by law or with the client's consent for release of information.

(10) Occupational therapists and occupational therapy assistants shall not delegate to other personnel those client-related services where the clinical skills and expertise of an occupational therapist or occupational therapy assistant are required.

(11) If, after evaluating the client, the case is a medical case, the occupational therapist shall refer the case to a physician for appropriate medical direction if such direction is lacking.

(a) Appropriate medical direction shall be sought on at least an annual basis.

(b) A case is not a medical case if the following is present:

(i) There is an absence of pathology; or

(ii) If a pathology exists, the pathology has stabilized; and

(iii) The occupational therapist is only treating the client's functional deficits.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-170, filed 2/12/91, effective 3/15/91; 90-22-011 (Order 094), § 308-171-301, filed 10/26/90, effective 11/26/90. Statutory Authority: RCW 18.59.130(2) and 18.130.050(1). 86-17-064 (Order PM 610), § 308-171-301, filed 8/19/86. Statutory Authority: RCW 18.59.130(2) and 18.59.100 (1)(b). 85-12-010 (Order PL 529), § 308-171-301, filed 5/23/85.]

**WAC 246-847-180 Mandatory reporting.** (1) All persons, including licensees, corporations, organizations, health care facilities, and state or local governmental agencies shall report to the board any conviction, determination, or finding that an occupational therapist or an occupational therapy assistant has committed an act which constitutes unprofessional conduct as established in RCW 18.130.180 and shall report information which indicates that an occupational therapist or occupational therapy assistant may not be able to practice occupational therapy with reasonable skill and safety to consumers as a result of a mental or physical condition.

(2) All required reports shall be submitted to the board as soon as possible, but no later than sixty days after a conviction, determination, or finding is made or information is received.

(3) A report shall contain the following information if known:

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

(b) The name, address, and telephone numbers of the occupational therapist or occupational therapy assistant being reported.

(c) The case number of any patient or the name of the patient 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 cause number.

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

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-180, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.070 and 18.130.050(1). 86-17-064 (Order PM 610), § 308-171-302, filed 8/19/86.]

**WAC 246-847-190 AIDS education and training.** Applicants must complete six clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-847-190, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.59.130. 94-20-036, § 246-847-190, filed 9/28/94, effective 10/29/94; 91-05-027 (Order 112B), recodified as § 246-847-190, filed 2/12/91, effective 3/15/91; 90-22-011 (Order 094), § 308-171-320, filed 10/26/90, effective 11/26/90. Statutory Authority: RCW 18.59.130 and 18.130.050. 89-01-081 (Order PM 805), § 308-171-320, filed 12/20/88.]

**WAC 246-847-340 Philosophy governing voluntary substance abuse monitoring programs.** The board recognizes the need to establish a means of proactively providing early recognition and treatment options for occupational therapists and occupational therapy assistants whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such occupational therapists or occupational therapy assistants be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this the board shall approve voluntary substance abuse monitoring programs and shall refer occupational therapists and occupational therapy assistants impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: RCW 18.59.130. 92-18-015 (Order 300B), § 246-847-340, filed 8/24/92, effective 9/24/92.]

**WAC 246-847-350 Terms used in WAC 246-847-340 through 246-847-370.** (1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and the criteria established by the board in WAC 246-915-320 which enters into a contract with occupational therapists and occupational therapy assistants who have substance abuse problems regarding the required components of the occupational therapist's or occupational therapy assistant's recovery activity and oversees the occupational therapist's or occupational therapy assistant's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating occupational therapists or occupational therapy assistants.

(2) "Contract" is a comprehensive, structured agreement between the recovering occupational therapist or occupational therapy assistant and the approved monitoring program stipulating the occupational therapist's or occupational therapy assistant's consent to comply with the monitoring program and its required components of the occupational therapist's or occupational therapy assistant's recovery activity.

(3) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 70.96A.020(2) or 69.54.030 to provide intensive alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state must be equivalent to the standards required for approval under RCW 70.96A.020 (2) or 69.54.030.

(4) "Substance abuse" means the impairment, as determined by the board, of a occupational therapist's or occupational therapy assistant's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

(5) "Aftercare" is that period of time after intensive treatment that provides the occupational therapist or occupational therapy assistant and the occupational therapist's or occupational therapy assistant's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.

(6) "Support group" is a group of health care professionals meeting regularly to support the recovery of its members.

The group provides a confidential setting with a trained and experienced health care professional facilitator in which occupational therapist or occupational therapy assistant may safely discuss drug diversion, licensure issues, return to work and other professional issues related to recovery.

(7) "Twelve steps groups" are groups such as alcoholics anonymous, narcotics anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, a peer group association, and self-help.

(8) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person being tested.

(9) "Health care professional" is an individual who is licensed, certified or registered in Washington to engage in the delivery of health care to patients.

[Statutory Authority: RCW 18.59.130. 92-18-015 (Order 300B), § 246-847-350, filed 8/24/92, effective 9/24/92.]

**WAC 246-847-360 Approval of substance abuse monitoring programs.** The board will approve the monitoring program(s) which will participate in the board's substance abuse monitoring program. A monitoring program approved by the board may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program will not provide evaluation or treatment to the participating occupational therapists or occupational therapy assistants.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of occupational therapy as defined in this chapter to be able to evaluate:

- (a) Clinical laboratories;
- (b) Laboratory results;
- (c) Providers of substance abuse treatment, both individuals and facilities;
- (d) Support groups;
- (e) The occupational therapy work environment; and
- (f) The ability of the occupational therapist or occupational therapy assistant to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the occupational therapist or occupational therapy assistant and the board to oversee the occupational therapist's or occupational therapy assistant's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff will determine, on an individual basis, whether an occupational therapist or occupational therapy assistant will be prohibited from engaging in the practice of occupational therapy for a period of time and restrictions, if any, on the occupational therapist's or occupational therapy assistant's access to controlled substances in the work place.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program will be responsible for providing feedback to the occupational therapist or

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occupational therapy assistant as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any occupational therapist or occupational therapy assistant who fails to comply with the requirement of the monitoring program.

(9) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of occupational therapy for those participating in the program.

[Statutory Authority: RCW 18.59.130. 92-18-015 (Order 300B), § 246-847-360, filed 8/24/92, effective 9/24/92.]

**WAC 246-847-370 Participation in approved substance abuse monitoring program.** (1) In lieu of disciplinary action, the occupational therapist or occupational therapy assistant may accept board referral into the approved substance abuse monitoring program.

(a) The occupational therapist or occupational therapy assistant shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The occupational therapist or occupational therapy assistant shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The occupational therapist or occupational therapy assistant will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The occupational therapist or occupational therapy assistant will agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The occupational therapist or occupational therapy assistant must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The occupational therapist or occupational therapy assistant must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis and goals.

(v) The occupational therapist or occupational therapy assistant will submit to random drug screening as specified by the approved monitoring program.

(vi) The occupational therapist or occupational therapy assistant will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The occupational therapist or occupational therapy assistant will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The occupational therapist or occupational therapy assistant shall sign a waiver allowing the approved monitoring program to release information to the board if the occupa-

tional therapist or occupational therapy assistant does not comply with the requirements of this contract.

(c) The occupational therapist or occupational therapy assistant is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The occupational therapist or occupational therapy assistant may be subject to disciplinary action under RCW 18.130.160 if the occupational therapist or occupational therapy assistant does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) An occupational therapist or occupational therapy assistant who is not being investigated by the board or subject to current disciplinary action or currently being monitored by the board for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the board if they meet the requirements of the approved monitoring program:

(a) The occupational therapist or occupational therapy assistant shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The occupational therapist or occupational therapy assistant shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The occupational therapist or occupational therapy assistant will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The occupational therapist or occupational therapy assistant will agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The occupational therapist or occupational therapy assistant must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The occupational therapist or occupational therapy assistant must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis and goals.

(v) The occupational therapist or occupational therapy assistant will submit to random drug screening as specified by the approved monitoring program.

(vi) The occupational therapist or occupational therapy assistant will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The occupational therapist or occupational therapy assistant will comply with employment conditions and restrictions as defined by the contract.

(viii) The occupational therapist or occupational therapy assistant shall sign a waiver allowing the approved monitoring program to release information to the board if the occupational therapist or occupational therapy assistant does not comply with the requirements of this contract.

(c) The occupational therapist or occupational therapy assistant is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsections (1) and (2) of this section. Records held by the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: RCW 18.59.130, 92-18-015 (Order 300B), § 246-847-370, filed 8/24/92, effective 9/24/92.]

**WAC 246-847-990 Occupational therapy fees and renewal cycle.** (1) Licenses must be renewed every two years on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged for occupational therapist:

Title of Fee	Fee
Application and initial license fee	\$125.00
License renewal	95.00
Limited permit fee	40.00
Late renewal fee	50.00
Expired license reissuance	50.00
Inactive license	5.00
Expired inactive license reissuance	5.00
Duplicate	15.00
Certification of license	25.00

(3) The following nonrefundable fees will be charged for occupational therapy assistant:

Application and initial license fee	125.00
License renewal	70.00
Late renewal fee	50.00
Expired license reissuance	50.00
Inactive license	5.00
Expired inactive license reissuance	5.00
Limited permit fee	40.00
Duplicate	15.00
Certification of license	25.00

[Statutory Authority: RCW 43.70.250, 99-08-101, § 246-847-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280, 98-05-060, § 246-847-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250 and chapters 18.57, 18.57A, 18.22 and 18.59 RCW, 94-22-055, § 246-847-990, filed 11/1/94, effective 1/1/95. Statutory Authority: RCW 43.70.250, 91-13-002 (Order 173), § 246-847-990, filed 6/6/91, effective

7/7/91. Statutory Authority: RCW 43.70.040, 91-05-030 (Order 135), recodified as § 246-847-990, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 43.24.086, 87-10-028 (Order PM 650), § 308-171-310, filed 5/1/87.]

## Chapter 246-849 WAC OCULARISTS

### WAC

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246-849-260	Retired active credential.
246-849-270	Service disclosure.
246-849-990	Ocularist fees and renewal cycle.
246-849-995	Conversion to a birthday renewal cycle.

**WAC 246-849-020 General provisions.** (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

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

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

(4) "Department" means the department of health, whose address is:

Department of Health  
Professional Licensing Division  
1300 S.E. Quince St., P.O. Box 47869  
Olympia, Washington  
98504-7869

(5) "Ocularist" means a person licensed under chapter 18.55 RCW.

(6) "Mentally or physically disabled ocularist" means an ocularist who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice ocular prosthetic services with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 18.130.050, 18.130.070 and 1991 c 180 § 8, 92-02-018 (Order 224), § 246-849-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-849-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-55-035, filed 6/30/89.]

**WAC 246-849-030 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:

(2005 Ed.)

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

(b) The name and address and telephone numbers of the ocularist being reported.

(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 43.70.040, 91-02-049 (Order 121), recodified as § 246-849-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-55-045, filed 6/30/89.]

**WAC 246-849-040 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 ocularist's services are terminated or are restricted based on a determination that the ocularist has either committed an act or acts which may constitute unprofessional conduct or that the ocularist may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-849-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-55-055, filed 6/30/89.]

**WAC 246-849-050 Ocularist associations or societies.** The president or chief executive officer of any ocularist association or society within this state shall report to the department when the association or society determines that an ocularist has committed unprofessional conduct or that an ocularist may not be able to practice ocular prosthetics 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 license 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, 91-02-049 (Order 121), recodified as § 246-849-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-55-065, filed 6/30/89.]

**WAC 246-849-060 Health care service contractors and disability insurance carriers.** The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the

[Title 246 WAC—p. 1167]

department all final determinations that an ocularist has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-075, filed 6/30/89.]

**WAC 246-849-070 Professional liability carriers.**

Every institution or organization providing professional liability insurance directly or indirectly to ocularists 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 ocularist's incompetency or negligence in the practice of ocular prosthetic services. 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 ocularist's alleged incompetence or negligence.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-085, filed 6/30/89.]

**WAC 246-849-080 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 licensed ocularists, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-095, filed 6/30/89.]

**WAC 246-849-090 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 an ocularist is employed to provide client care services, to report to the department whenever such an ocularist has been judged to have demonstrated his/her incompetency or negligence in the practice of ocular prosthetic services, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled ocularist. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-105, filed 6/30/89.]

**WAC 246-849-100 Cooperation with investigation.**

(1) A licensee 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 licensee or their attorney, whichever is first. If the licensee 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 director or the director's designee.

(3) If the licensee 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 licensee 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 18.130.050, 18.130.070 and 1991 c 180 § 8. 92-02-018 (Order 224), § 246-849-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-115, filed 6/30/89.]

**WAC 246-849-110 AIDS prevention and information education requirements.** Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-849-110, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 70.24.270. 92-02-018 (Order 224), § 246-849-110, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-55-200, filed 11/2/88.]

**WAC 246-849-200 Apprenticeship training—Definitions.** (1) For the purpose of administering and recording apprenticeship training and out-of-state work experience, the maximum number of hours that can be accumulated in one year shall be two thousand.

(2) "Direct supervision" means that the supervising ocularist inspect all of the apprentice's work and be physically present on the premises where the apprentice is working at all times.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-200, filed 4/22/93, effective 5/23/93.]

**WAC 246-849-210 Registration of apprentices.** (1) An applicant for apprenticeship may request registration as an apprentice by submitting to the department:

- (a) An application on a form provided by the secretary;
  - (b) A registration fee as specified in WAC 246-849-990.
- (2) Training received from more than one supervisor shall require separate applications.

(3) Only the apprenticeship training received subsequent to the date that the apprentice was formally registered with the secretary will be considered towards the required ten thousand hours necessary to sit for the examination.

(4) A registered apprentice shall notify the department in writing whenever the apprenticeship training is terminated, unless such termination is concluded by reason of the apprentice becoming licensed as an ocularist in this state.

(5) In order to facilitate comments on the apprentice's performance, the apprentice registration card along with the name, business address, and business telephone number of the apprentice's supervisor shall be posted in public view on the premises where the apprentice works.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-849-210, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-210, filed 4/22/93, effective 5/23/93.]

**WAC 246-849-220 Application for examination.** (1)

An individual shall make application for examination, in accordance with RCW 18.55.040, on an application form prepared by and provided by the secretary.

(2) The apprenticeship training requirement shall be supported with certification by the licensed individual (or individuals) who provided such training.

(3) If an applicant is unable to attend his or her scheduled examination, and so notifies the department in writing at least seven days prior to the scheduled examination date, the applicant will be rescheduled at no additional charge. A written request received less than seven days before the test shall be reviewed by the department to determine if the test may be rescheduled or the fee forfeited.

(4) If an applicant takes the examination and fails to obtain a satisfactory grade, he or she may be scheduled to retake the examination by submitting an application and paying the statutory examination fee.

(5) Applications and fees for examination and all documents required in support of the application must be submitted to the division of professional licensing, department of health, at least sixty days prior to the scheduled examination. Failure to meet the deadline will result in the applicant not being scheduled until the next scheduled examination.

(6) Apprenticeship training shall be completed prior to the application deadline.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-849-220, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-220, filed 4/22/93, effective 5/23/93.]

**WAC 246-849-230 Temporary practice permits—**

**Scope and purpose.** The temporary practice permit is established to enable safe, qualified, and trained ocularists who are currently licensed in another state as defined in WAC 246-849-250 to work in the state of Washington prior to completing the licensing examination in this state. All licensing requirements established for the purpose of obtaining an ocularist license will need to be completed as part of the application for a temporary practice permit.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-230, filed 4/22/93, effective 5/23/93.]

**WAC 246-849-240 Definitions.** For the purpose of issuing temporary practice permits the following definitions shall apply:

(1) "Licensed in another state" shall mean the applicant holds a current valid license to practice as an ocularist in another state and is in good standing;

(2) "Substantially equivalent" shall mean the applicant has successfully completed an examination administered by or authorized by a state other than Washington state. The examination shall cover the same subject matters as the Washington state approved examination. The law under which the applicant is licensed shall, at a minimum, include the duties described in RCW 18.55.075.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-240, filed 4/22/93, effective 5/23/93.]

(2005 Ed.)

**WAC 246-849-250 Issuance and duration of temporary practice permits.** (1) The department shall issue a temporary practice permit unless there is a basis for denial of the license or issuance of a conditional license. In addition to general application requirements, a person applying for a temporary practice permit shall submit to the department as a condition of temporary permit issuance:

(a) A completed application requesting a temporary practice permit on a form provided by the department;

(b) Temporary practice permit fee, as specified in WAC 246-849-990;

(c) Request all states in which the applicant is or has been licensed to send written licensure verification directly to the licensing office. The verification must be completed by the state and must verify that the applicant has not had any disciplinary action taken against himself/herself and that the applicant is in good standing and not subject to charges or disciplinary action for unprofessional conduct or impairment; and

(d) An affidavit on forms provided by the department, attesting that the temporary permit applicant has read, understands, and shall abide by the Washington state laws regarding the practice of an ocularist.

(2) The temporary permit shall be issued only once to any applicant. The temporary practice permit is nonrenewable and shall expire upon any one of the following conditions whichever comes first:

(a) The release of the results of the next scheduled examination for which the applicant would be eligible;

(b) Issuance of a license by the department; or

(c) Six months.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-250, filed 4/22/93, effective 5/23/93.]

**WAC 246-849-260 Retired active credential.** A practitioner may obtain a retired active credential. Refer to the requirements of chapter 246-12 WAC, Part 5.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-849-260, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-260, filed 4/22/93, effective 5/23/93.]

**WAC 246-849-270 Service disclosure.** The ocularist shall provide a written explanation of services to customers or patients. This explanation shall include at a minimum the type of prosthesis or service they are receiving or purchasing. This explanation shall be signed by the customer or patient and maintained in the customer or patient records for a minimum of three years. This documentation shall be available and furnished to the department upon request.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-270, filed 4/22/93, effective 5/23/93.]

**WAC 246-849-990 Ocularist fees and renewal cycle.**

(1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Application and examination	\$125.00
Renewal	225.00
Late renewal penalty	112.50

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Title of Fee	Fee
Expired license reissuance	112.50
Duplicate license	25.00
Certification of license	25.00
Apprentice registration	25.00
Apprentice renewal	25.00
Temporary practice permit	25.00
Retired active license	50.00

[Statutory Authority: RCW 43.70.250. 99-08-101, § 246-849-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-849-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250. 93-14-011, § 246-849-990, filed 6/24/93, effective 7/25/93; 92-02-018 (Order 224), § 246-849-990, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.086. 87-18-031 (Order PM 667), § 308-55-025, filed 8/27/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-55-025, filed 8/10/83. Formerly WAC 308-55-010.]

**WAC 246-849-995 Conversion to a birthday renewal cycle.** (1) The annual license renewal date is changed to coincide with the practitioner's birthday.

(2) Renewal fees will be prorated during the transition period while renewal dates are changed to coincide with the practitioner's birthday.

(3) After the initial conversion to a staggered system, practitioners will annually renew their license on their birthday at the current renewal rate.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-849-995, filed 2/13/98, effective 3/16/98.]

## Chapter 246-850 WAC ORTHOTICS AND PROSTHETICS RULES

### WAC

246-850-010	Definitions.
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246-850-030	Application requirements.
246-850-040	Licensure without examination.
246-850-050	Approved internship or residency requirement.
246-850-060	Examination requirements.
246-850-090	Inactive credential.
246-850-100	Retired active credential.
246-850-110	Approval of orthotic and prosthetic educational programs.
246-850-120	Withdrawal of program approval.

### ORTHOTICS AND PROSTHETICS CONTINUING COMPETENCY RULES

246-850-130	Continuing competency scope and purpose.
246-850-140	Continuing competency requirements for orthotists and prosthetists.
246-850-150	Classification of categories of continuing competency.
246-850-160	Auditing for compliance.
246-850-990	Orthotic and prosthetic fees.

**WAC 246-850-010 Definitions.** "Maintenance of an orthosis or prosthesis" includes replacement or repair of component parts that is equivalent to the original component and is required due to wear or failure. Maintenance of an orthosis or prosthesis does not include altering the original components or complete replacement of the orthosis or prosthesis.

[Statutory Authority: RCW 18.200.050(1). 98-21-086, § 246-850-010, filed 10/21/98, effective 11/21/98.]

[Title 246 WAC—p. 1170]

**WAC 246-850-020 Requirements for licensure.** To qualify for licensure as either an orthotist or prosthetist in this state, a candidate must:

(1) Possess a bachelor degree in orthotics or prosthetics from an approved orthotic or prosthetic educational program as provided in WAC 246-850-110; alternatively, a candidate may complete a certificate program in orthotics or prosthetics from an approved education program as provided in WAC 246-850-110;

(2) Complete a clinical internship or residency of 1900 hours as required in WAC 246-850-050; and

(3) Complete an examination as required in WAC 246-850-060.

[Statutory Authority: RCW 18.200.050(1). 98-21-086, § 246-850-020, filed 10/21/98, effective 11/21/98.]

**WAC 246-850-030 Application requirements.** An applicant for licensure shall submit the following:

(1) A completed application and fee as required in chapter 246-12 WAC, Part 2;

(2) Official transcripts, certificate, or other documentation forwarded directly from the issuing agency where the applicant has earned a bachelor degree or completed a certificate program from an NCOPE or CAAHEP accredited program as set forth in WAC 246-850-110;

(3) Documentation of completion of an internship or residency of at least 1900 hours as provided in WAC 246-850-050;

(4) Documentation of successful completion of a licensure examination as approved by the secretary;

(5) Verification of four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(6) Verification from all states in which the applicant holds or has held a license, whether active or inactive, indicating that the applicant is or has not been subject to charges or disciplinary action for unprofessional conduct or impairment; and

(7) Additional documentation as required by the secretary to determine whether an applicant is eligible for licensure.

[Statutory Authority: RCW 18.200.050(1). 98-21-086, § 246-850-030, filed 10/21/98, effective 11/21/98.]

### WAC 246-850-040 Licensure without examination.

(1) The secretary may grant a license to an applicant who has practiced full time for five of the six years prior to December 1, 1998, and who has provided comprehensive services in an established practice as determined by the secretary.

(2) Applications must be received no later than December 1, 1999.

(3) For the purposes of this section, the following terms have the following meanings:

(a) "Full time" means at least 30 hours per week.

(b) "Comprehensive services" includes the continuum of direct patient care utilizing primary diagnostic evaluation, assessment and follow up and measurable experience in initiating and providing independent measurement, design, fabrication, assembling, fitting, adjusting and servicing. Comprehensive services does not include the provision of incidental repairs, maintenance, or other services at the direction, or

under the supervision of, a primary orthotic or prosthetic practitioner.

(c) "Established practice" means a recognized place of business with access to equipment essential to the provision of comprehensive orthotic and/or prosthetic services.

(4) An applicant for licensure without examination must provide the following:

(a) A completed application and fee as required in chapter 246-12 WAC, Part 2;

(b) Official certificates or transcripts sent directly from the issuing agency or institution documenting formal education, if any, including internships or residencies in the professional area for which a license is sought;

(c) Documentation of employment or work history in the professional area for which the license is sought, including the names and qualifications of individuals providing direction or supervision;

(d) A statement describing scope of practice of employment or work experience;

(e) Certification received directly from at least one supervisor describing the applicant's scope of practice and work experience and assessing the applicant's competence and skill level;

(f) Three letters of recommendation from employers or physicians from whom the applicant has received referrals;

(g) Verification of four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8;

(h) Verification from all states in which the applicant holds or has held a health care practitioner license, whether active or inactive, indicating that the applicant has not been subject to charges or disciplinary action for unprofessional conduct or impairment; and

(i) Additional documentation as required by the secretary to determine whether an applicant is eligible for licensure.

[Statutory Authority: RCW 18.200.050(1). 98-21-086, § 246-850-040, filed 10/21/98, effective 11/21/98.]

**WAC 246-850-050 Approved internship or residency requirement.** Applicants must complete an internship of at least 1900 hours in each area for which a license is sought. Individual internships must be completed within a minimum period of one year and a maximum period of two years unless extended by the secretary for good cause shown. The internship or residency must be completed under a supervisor qualified by training and experience in an established facility and incorporate patient management and clinical experience in rehabilitation, acute and chronic care in pediatrics and of adults. Applicants who submit evidence of completion of a 1900 hour internship or residency which is approved by the National Commission on Orthotic and Prosthetic Education (NCOPE) or Commission for Accreditation of Allied Health Education Programs (CAAHEP) are considered to have met the requirements of this section. The 1900 hours of internship training must be completed subsequent to graduation from an approved program.

[Statutory Authority: RCW 18.200.050(1). 98-21-086, § 246-850-050, filed 10/21/98, effective 11/21/98.]

(2005 Ed.)

**WAC 246-850-060 Examination requirements.** (1) An applicant for licensure as an orthotist must successfully complete the following examinations:

(a) The orthotic written multiple choice examination prepared and administered by the American Board for Certification in Orthotics and Prosthetics, Inc., administered after July 1, 1991. The passing score is determined by utilizing a criterion-referenced cut score methodology.

(b) The orthotic written simulation examination prepared and administered by the American Board for Certification in Orthotics and Prosthetics, Inc., administered after July 1, 1991. The passing score is determined by utilizing a criterion-referenced cut score methodology.

(2) An applicant for licensure as a prosthetist must successfully complete the following examinations:

(a) The prosthetic written multiple choice examination prepared and administered by the American Board for Certification in Orthotics and Prosthetics, Inc., administered after July 1, 1991. The passing score is determined by utilizing a criterion-referenced cut score methodology.

(b) The prosthetic written simulation examination prepared and administered by the American Board for Certification in Orthotics and Prosthetics, Inc., administered after July 1, 1991. The passing score is determined by utilizing a criterion-referenced cut score methodology.

[Statutory Authority: RCW 18.200.050(8). 99-07-122, § 246-850-060, filed 3/24/99, effective 4/24/99.]

**WAC 246-850-090 Inactive credential.** A practitioner may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 18.200.050(1). 98-21-086, § 246-850-090, filed 10/21/98, effective 11/21/98.]

**WAC 246-850-100 Retired active credential.** A practitioner may obtain a retired active credential. Refer to the requirements of chapter 246-12 WAC, Part 5.

[Statutory Authority: RCW 18.200.050(1). 98-21-086, § 246-850-100, filed 10/21/98, effective 11/21/98.]

**WAC 246-850-110 Approval of orthotic and prosthetic educational programs.** (1) For purposes of WAC 246-850-020, the secretary recognizes as approved those orthotic and prosthetic programs that:

(a) Are approved by the National Commission on Orthotic and Prosthetic Education (NCOPE) or its successor, or the Commission on Accreditation of Allied Health Programs (CAAHEP) or its successor or other accrediting body with substantially equivalent requirements; and

(b) Meet the requirements of subsections (2) and (3) of this section.

(2) Approved baccalaureate degree programs or certificate programs must have as prerequisites the following college level coursework:

- (a) Biology.
- (b) Psychology.
- (c) Physics.
- (d) Chemistry.
- (e) Physiology.
- (f) Human anatomy.
- (g) Algebra/higher math.

(3) Approved baccalaureate degree programs or certificate programs must include the following coursework within a minimum of three quarters or two semesters, or in a substantially equivalent accelerated program, in each practice area for which a license is sought.

- (a) Orthotics only:
  - (i) Lower extremity orthotics.
  - (ii) Upper extremity orthotics.
  - (iii) Spinal orthotics.
  - (iv) Pathophysiology.
  - (v) Biomechanics and kinesiology.
  - (vi) Radiographic interpretation.
  - (vii) Normal and pathological gait.
  - (viii) Clinical evaluation.
  - (ix) Clinical affiliation.
  - (x) Research methods.
  - (xi) Practice management.
- (b) Prosthetics only:
  - (i) Lower extremity prosthetics.
  - (ii) Upper extremity prosthetics.
  - (iii) Pathophysiology.
  - (iv) Biomechanics and kinesiology.
  - (v) Radiographic interpretation.
  - (vi) Normal and pathological gait.
  - (vii) Clinical evaluation.
  - (viii) Clinical affiliation.
  - (ix) Research methods.
  - (x) Practice management.

[Statutory Authority: RCW 18.200.050(1). 98-21-086, § 246-850-110, filed 10/21/98, effective 11/21/98.]

**WAC 246-850-120 Withdrawal of program approval.** Approval of educational programs may be withdrawn by the secretary, as provided in chapter 34.05 RCW and chapter 246-10 WAC, if:

- (1) A program ceases to be approved by NCOPE or CAAHEP; or
- (2) Fails to maintain the accreditation standards of NCOPE or CAAHEP; or
- (3) Does not meet the minimum curriculum requirements as provided in WAC 246-850-110.

[Statutory Authority: RCW 18.200.050(1). 98-21-086, § 246-850-120, filed 10/21/98, effective 11/21/98.]

#### ORTHOTICS AND PROSTHETICS CONTINUING COMPETENCY RULES

**WAC 246-850-130 Continuing competency scope and purpose.** The purpose of continuing competency requirements is to maintain and enhance the professional competency of services provided by licensed orthotists and prosthetists. A successful continuing competency program focuses on all aspects of the practice to ensure that the practitioner is competent to provide safe and quality care to patients.

[Statutory Authority: RCW 18.200.050(13). 03-17-093, § 246-850-130, filed 8/20/03, effective 12/1/03.]

**WAC 246-850-140 Continuing competency requirements for orthotists and prosthetists.** (1) Beginning on January 1, 2004, all orthotists and prosthetists shall report con-

tinuing competency activities every three years. The reporting cycle begins at the first license renewal following initial licensing.

(2) Each licensed orthotist and prosthetist shall complete a professional enhancement plan describing the goals the licensee will develop to maintain proficiency in their practice. A professional enhancement plan must be completed in the first year of each three-year reporting period on forms provided by the secretary. The plan may focus on one specific area of practice or broader areas as determined by the individual's goals.

(3) All licensed orthotists and prosthetists must accumulate continuing competency hours as follows:

(a) Licensed orthotists must accumulate a minimum of forty-five continuing competency hours every three years in the area of orthotics.

(b) Licensed prosthetists must accumulate a minimum of forty-five continuing competency hours every three years in the area of prosthetics.

(c) Individuals who are licensed as both an orthotist and as a prosthetist must accumulate a minimum of sixty continuing competency hours every three years.

(4) For individuals licensed in one discipline, a maximum of eighteen Category 2 continuing competency hours may be earned in any three-year reporting period.

(5) For individuals licensed in both disciplines, a maximum of twenty-four Category 2 continuing competency hours may be earned in any three-year reporting period.

(6) Refer to chapter 246-12 WAC, Part 7 for additional requirements.

[Statutory Authority: RCW 18.200.050(13). 03-17-093, § 246-850-140, filed 8/20/03, effective 12/1/03.]

**WAC 246-850-150 Classification of categories of continuing competency.** Continuing competency activities are distinguished between activities which are sponsored by those organizations listed in subsection (1) of this section and those which are generally independent and/or unsupervised listed in subsection (2) of this section.

(1) Category 1. Courses offered or approved by the following organizations are presumed to qualify as Category 1 continuing competency activities. Category 1 activities receive one continuing competency credit hour for every fifty minutes spent in a course or other activity. Licensees must maintain documentation of attendance at courses. Acceptable documentation includes certificates or receipts with an authorized signature, stamp or seal.

(a) American Board for Certification in Orthotics and Prosthetics, Inc.

(b) Board for Orthotist/Prosthetist Certification.

(c) American Academy of Orthotists and Prosthetists.

(d) American Orthotic and Prosthetic Association.

(e) International Association of Orthotics and Prosthetics.

(f) International Society of Prosthetics and Orthotics.

(g) Association of American Children's Orthotics and Prosthetics Clinics.

(h) Canadian Orthotic and Prosthetic Association.

(i) Any school or college of orthotics or prosthetics whose standards are deemed sufficient by the secretary under RCW 18.200.050(5).

(j) Relevant school or college courses from an institution accredited by a recognized regional accrediting body.

(k) Relevant courses or seminars offered by organizations or associations such as the American Society of Orthopedic Surgeons, the American Academy of Physical Medicine and Rehabilitation, the American College of Sports Medicine, the American Medical Association, the American Occupational Therapy Association, the American Physical Therapy Association, the American Osteopathic Association, and the American Podiatric Medical Association.

(l) Manufacturer courses approved/sponsored by organizations listed in subsections (1)(a) through (k) of this section.

(2) Category 2. Category 2 continuing competency activities are primarily independent and/or unsupervised and consistent with the goals specified in the individual licensee's professional enhancement plan. Licensees must maintain documentation of completion of Category 2 activities. The following activities, and designated continuing competency credit hours, are considered Category 2 continuing competency:

(a) Relevant allied health seminars not identified as Category 1 activities. A credit hour is fifty minutes spent in a course or other activity. A maximum of five continuing competency credit hours may be earned in this activity in any three-year reporting period. Acceptable documentation includes certificates or receipts with an authorized signature, stamp or seal.

(b) Practice management. For the purpose of this section, practice management includes only those activities which are directly related to patient care. A credit hour is fifty minutes spent in this activity. A maximum of three continuing competency credit hours may be earned in this activity in any three-year reporting period. Acceptable documentation includes verification of completion of a course or seminar, or a written certification by the licensee describing the activity, the total time required to complete the activity and the date completed.

(c) Journal reading, including electronic publications that are consistent with the goals specified in the individual licensee's professional enhancement plan.

(i) Scientific journals with required examination: Each examination qualifies for two continuing competency credit hours. A maximum of six continuing competency credit hours may be earned in this activity in any three-year reporting period. Acceptable documentation is a certificate issued by the sponsoring organization or author showing successful completion of the examination.

(ii) Scientific journals not requiring an examination: Each report qualifies for one continuing competency credit hour. A maximum of three continuing competency credit hours may be earned in this activity in any three-year reporting period. Acceptable documentation for each article is a written report identifying the publication source, author, publication date, and a summary of at least five points from the article.

(iii) Business journals: Each report qualifies for one continuing competency credit hour. A maximum of three continuing competency credit hours may be earned in this activity in any three-year reporting period. Acceptable documentation for each article, is a written report identifying the publication source, author, publication date, and a summary of at least five points from the article.

(d) Instruction video, videodisc or internet courses: A credit hour is fifty minutes spent in this activity. A maximum of three continuing competency credit hours may be earned in this activity in any three-year reporting period. Acceptable documentation is a written report identifying the source of the instruction, the release date, and summarizing at least five points presented in the instruction.

(e) Manufacturer courses sponsored by organizations not identified as Category 1 activities: A credit hour is fifty minutes spent in this activity. A maximum of three continuing competency credit hours may be earned in this activity in any three-year reporting period. Acceptable documentation includes certificates or receipts with an authorized signature, stamp or seal.

(f) Participating in peer review: For the purpose of this section, peer review means either serving on a formal peer review panel, committee or individual review of a sole provider, where the purpose of the review is to determine whether appropriate treatment was rendered, or whether the services rendered were within accepted standards. Each occurrence qualifies for three credit hours. A maximum of nine continuing competency credit hours may be earned in this activity in any three-year reporting period. Acceptable documentation is a certification signed by the facilitator of the peer review providing the date and the total time spent in the peer review process.

(g) Mentoring:

(i) Student mentoring. Each four-hour period spent in this activity qualifies for one credit hour. A maximum of three continuing competency credit hours may be earned in this activity in any three-year reporting period. Acceptable documentation is a copy of the mentoring contract or agreement and a certification from the student substantiating the date(s) engaged in mentoring and the total mentoring time.

(ii) Peer mentoring. Each four-hour period spent in this activity qualifies for one credit hour. A maximum of three continuing competency credit hours may be earned in this activity in any three-year reporting period. Acceptable documentation is a certification summarizing the subject of the mentoring, the date, and total mentoring time and signed by the licensee and at least one other practitioner participating in the mentoring activity.

(h) Documented group study: A credit hour is fifty minutes spent in this activity. A maximum of six continuing competency credit hours may be earned in this activity in any three-year reporting period. Acceptable documentation is a summary of the group study topics, the date, and total group study time, signed by the facilitator or other authorized personnel.

(i) Grand rounds: Each report qualifies for one credit hour. A maximum of three continuing competency credit hours may be earned in this activity in any three-year reporting period. Acceptable documentation is a report summarizing the cases presented, the location, date, and total time spent in the grand rounds activity and signed by the facilitator or other authorized personnel.

(j) Presentation or lecture to professional group: Each presentation or lecture qualifies for two credit hours. A maximum of six continuing competency credit hours may be earned in this activity in any three-year reporting period. Credit for subsequent presentations will only be considered if

the licensee can demonstrate that substantial additional preparation was required. Acceptable documentation is a course outline and a certification from the licensee providing the location, date and total presentation time.

(k) Other activities that enhance or expand the practice may be submitted to the secretary for consideration.

[Statutory Authority: RCW 18.200.050(13), 03-17-093, § 246-850-150, filed 8/20/03, effective 12/1/03.]

#### WAC 246-850-160 Auditing for compliance.

Licensed orthotists and prosthetists must comply with auditing and documentation requirements as required in chapter 246-12 WAC, Part 7. If audited, the licensee will be required to submit the professional enhancement plan and documentation of completion of the activities projected in the plan. The secretary may require additional information as needed to assess the compliance audit.

[Statutory Authority: RCW 18.200.050(13), 03-17-093, § 246-850-160, filed 8/20/03, effective 12/1/03.]

#### WAC 246-850-990 Orthotic and prosthetic fees. (1)

Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Orthotic application	\$250.00
Prosthetic application	250.00
Orthotic renewal	150.00
Prosthetic renewal	150.00
Late renewal penalty fee	75.00
Expired credential reissuance fee	75.00
Inactive credential renewal fee	125.00
Late inactive renewal fee	62.50
Retired active credential renewal fee	125.00
Late retired active credential renewal fee	62.50
Duplicate credential or wall certificate	15.00
Certification	25.00

[Statutory Authority: RCW 43.70.250, 03-21-116, § 246-850-990, filed 10/20/03, effective 12/31/03. Statutory Authority: RCW 18.200.050(1), 98-21-086, § 246-850-990, filed 10/21/98, effective 11/21/98.]

### Chapter 246-851 WAC OPTOMETRISTS

#### WAC

246-851-040	Approval of schools and colleges of optometry.
246-851-090	Continuing education requirement.
246-851-110	Courses presumed to qualify for credit.
246-851-120	Approval of courses.
246-851-130	Post-graduate educational program.
246-851-140	Continuing education credit for admission to optometric organizations and participation in patient care reviews.
246-851-150	Credit for individual research, publications, and small group study.
246-851-170	Self-study educational activities.
246-851-180	Credit for lecturing.
246-851-190	Credit for CPR training.
246-851-230	Credits for practice management.
246-851-250	Minimum equipment requirements.
246-851-260	Mobile optometric units.
246-851-280	Contact lens advertising.
246-851-290	Maintenance of records.
246-851-300	Renting space from and practicing on premises of commercial (mercantile) concern.
246-851-310	Proper identification of licensees.

246-851-320	Doctor of optometry presumed responsible for advertisements.
246-851-330	Misleading titles or degrees.
246-851-350	Improper professional relationship.
246-851-370	Employed doctors of optometry, franchises and equipment use agreements.
246-851-380	Practice under another optometrist's name.
246-851-400	Certification required for use of pharmaceutical agents.
246-851-410	Drug formulary.
246-851-420	Optometrist with prescriptive authorization.
246-851-430	AIDS prevention and information education requirements.
246-851-440	Philosophy governing voluntary substance abuse monitoring programs.
246-851-450	Terms used in WAC 246-851-440 through 246-851-470.
246-851-460	Approval of substance abuse monitoring programs.
246-851-470	Participation in approved substance abuse monitoring program.
246-851-490	Examination and licensure.
246-851-500	Credentialing by endorsement.
246-851-520	Contact lens prescription defined.
246-851-550	Sexual misconduct.
246-851-560	Adjudicative proceedings.
246-851-570	Certification required for use or prescription of drugs administered orally for diagnostic or therapeutic purposes.
246-851-580	Drug list.
246-851-590	Guidelines for the use of oral Schedule III through V controlled substances and legend drugs.
246-851-600	Certification required for administration of epinephrine by injection for treatment of anaphylactic shock.
246-851-610	Approval or removal of medications.
246-851-990	Optometry fees and renewal cycle.

#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-851-020	Renewal of licenses. [Statutory Authority: RCW 18.54.070, 91-22-061 (Order 210B), § 246-851-020, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-020, filed 2/26/91, effective 3/29/91; 88-07-047 (Order PM 710), § 308-53-010, filed 3/11/88; Order PL 239, § 308-53-010, filed 3/3/76; Order 228, § 308-53-010, filed 11/6/75; Order PL 173, § 308-53-010, filed 8/22/74.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
246-851-030	Temporary permit policy recommendation. [Statutory Authority: RCW 18.54.070, 91-22-061 (Order 210B), § 246-851-030, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-030, filed 2/26/91, effective 3/29/91; 88-07-047 (Order PM 710), § 308-53-030, filed 3/11/88. Statutory Authority: RCW 18.54.070(5); 84-09-082 (Order PL 465), § 308-53-030, filed 4/18/84; 78-02-030 (Order PL 281), § 308-53-030, filed 1/17/78.] Repealed by 92-06-030 (Order 248B), filed 2/26/92, effective 3/28/92. Statutory Authority: RCW 18.54.070.
246-851-050	Examination eligibility. [Statutory Authority: RCW 18.54.070, 91-06-025 (Order 119B), recodified as § 246-851-050, filed 2/26/91, effective 3/29/91; 90-11-080 (Order 056), § 308-53-075, filed 5/16/90, effective 6/16/90. Statutory Authority: RCW 18.54.070(5), 86-13-008 (Order PM 598), § 308-53-075, filed 6/5/86.] Repealed by 92-06-030 (Order 248B), filed 2/26/92, effective 3/28/92. Statutory Authority: RCW 18.54.070.
246-851-060	Examination subjects. [Statutory Authority: RCW 18.54.070, 91-06-025 (Order 119B), recodified as § 246-851-060, filed 2/26/91, effective 3/29/91; 90-11-080 (Order 056), § 308-53-084, filed 5/16/90, effective 6/16/90. Statutory Authority: RCW 18.54.070(5), 87-09-046 (Order PM 646), § 308-53-084, filed 4/14/87; 86-13-008 (Order PM 598), § 308-53-084, filed 6/5/86.] Repealed by 95-14-114, filed 6/30/95, effective 7/31/95. Statutory Authority: RCW 18.54.070.
246-851-070	Grading examinations. [Statutory Authority: RCW 18.54.070, 91-06-025 (Order 119B), recodified as § 246-851-070, filed 2/26/91, effective 3/29/91; 90-11-080 (Order 056), § 308-53-085, filed 5/16/90, effective 6/16/90. Statutory Authority: RCW 18.54.070(5), 87-09-046 (Order PM 646), § 308-53-085, filed 4/14/87; 86-13-008 (Order PM 598), § 308-53-085, filed 6/5/86;]

- 84-09-082 (Order PL 465), § 308-53-085, filed 4/18/84; 83-10-052 (Order PL 433), § 308-53-085, filed 5/3/83; 82-12-077 (Order PL 399), § 308-53-085, filed 6/2/82.] Repealed by 95-14-114, filed 6/30/95, effective 7/31/95. Statutory Authority: RCW 18.54.070.
- 246-851-080 Examination appeal procedures. [Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-080, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-080, filed 2/26/91, effective 3/29/91; 87-17-020 (Order PM 666), § 308-53-320, filed 8/12/87.] Repealed by 96-20-087, filed 10/1/96, effective 11/1/96. Statutory Authority: RCW 18.54.070(2).
- 246-851-100 Credit hour defined. [Statutory Authority: RCW 18.54.070(2). 97-12-088, § 246-851-100, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-100, filed 2/26/91, effective 3/29/91; Order PL 239, § 308-53-110, filed 3/3/76.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
- 246-851-160 Credit for reports. [Statutory Authority: RCW 18.54.070(2). 02-10-065, § 246-851-160, filed 4/26/02, effective 5/27/02; 97-12-088, § 246-851-160, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-160, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-160, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-145, filed 4/27/89. Statutory Authority: RCW 18.54.070. 88-07-047 (Order PM 710), § 308-53-145, filed 3/11/88. Statutory Authority: RCW 18.54.070(5). 80-04-054 (Order PL 331), § 308-53-145, filed 3/21/80.] Repealed by 04-21-077, filed 10/20/04, effective 11/20/04. Statutory Authority: RCW 18.54.070(2).
- 246-851-200 Dual acceptance of continuing education credits. [Statutory Authority: RCW 18.54.070(2). 97-12-088, § 246-851-200, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-200, filed 2/26/91, effective 3/29/91; Order PL 256, § 308-53-155, filed 9/13/76.] Repealed by 02-10-134, filed 5/1/02, effective 6/1/02. Statutory Authority: RCW 18.54.070(2).
- 246-851-210 Certification for continuing education courses. [Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-210, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-210, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-165, filed 4/27/89. Statutory Authority: RCW 18.54.070(5) and 18.54.075. 85-16-054 (Order PL 545), § 308-53-165, filed 7/31/85. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-165, filed 12/28/79.] Repealed by 97-12-088, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070(2).
- 246-851-220 Surplus credit hours. [Statutory Authority: RCW 18.54.070(2). 97-12-088, § 246-851-220, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-220, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-170, filed 4/27/89. Statutory Authority: RCW 18.54.070. 88-07-047 (Order PM 710), § 308-53-170, filed 3/11/88; Order PL 239, § 308-53-170, filed 3/3/76.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
- 246-851-240 Discretionary exception for emergency situation. [Statutory Authority: RCW 18.54.070(2). 97-12-088, § 246-851-240, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-240, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-180, filed 4/27/89; Order PL 239, § 308-53-180, filed 3/3/76.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
- 246-851-270 Retention of minimum contact lens records. [Statutory Authority: RCW 18.54.070. 92-20-048 (Order 308B), § 246-851-270, filed 9/30/92, effective 10/31/92; 91-06-025 (Order 119B), recodified as § 246-851-270, filed 2/26/91, effective 3/29/91; Order PL 256, § 308-53-210, filed 9/13/76.] Repealed by 99-16-047, filed 7/30/99, effective 8/30/99. Statutory Authority: RCW 18.54.070(2).
- 246-851-340 Transmittal of patient information and records. [Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-340, filed 2/26/91, effective 3/29/91; Order PL-271, § 308-53-250, filed 7/25/77.] Repealed by 99-16-047, filed 7/30/99, effective 8/30/99. Statutory Authority: RCW 18.54.070(2).
- 246-851-360 Required identification on prescriptions. [Statutory Authority: RCW 18.54.070. 93-18-092 (Order 393B), § 246-851-360, filed 9/1/93, effective 10/2/93; 92-20-048 (Order 308B), § 246-851-360, filed 9/30/92, effective 10/31/92; 91-06-025 (Order 119B), recodified as § 246-851-360, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 86-13-008 (Order PM 598), § 308-53-265, filed 6/5/86.] Repealed by 99-16-047, filed 7/30/99, effective 8/30/99. Statutory Authority: RCW 18.54.070(2).
- 246-851-390 Practice under trade name. [Statutory Authority: RCW 18.54.070. 92-20-019 (Order 305B), § 246-851-390, filed 9/25/92, effective 10/26/92; 91-06-025 (Order 119B), recodified as § 246-851-390, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 80-04-054 (Order PL 331), § 308-53-280, filed 3/21/80.] Repealed by 03-05-021, filed 2/10/03, effective 3/13/03. Statutory Authority: RCW 18.54.070(2).
- 246-851-480 Temporary permit. [Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.075. 92-06-030 (Order 248B), § 246-851-480, filed 2/26/92, effective 3/28/92.] Repealed by 96-20-087, filed 10/1/96, effective 11/1/96. Statutory Authority: RCW 18.54.070(2).
- 246-851-510 Reinstatement of lapsed license. [Statutory Authority: RCW 18.54.070. 92-20-019 (Order 305B), § 246-851-510, filed 9/25/92, effective 10/26/92.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
- 246-851-530 Determination of contact lens specifications by dispensing opticians. [Statutory Authority: RCW 18.54.070. 92-20-048 (Order 308B), § 246-851-530, filed 9/30/92, effective 10/31/92.] Repealed by 93-18-092 (Order 393B), filed 9/1/93, effective 10/2/93. Statutory Authority: RCW 18.54.070.

#### WAC 246-851-040 Approval of schools and colleges of optometry.

To be eligible to take the optometry examination, a person must be a graduate of an accredited school or college of optometry approved by the Washington state board of optometry. The board of optometry adopts the most current standards of the Council on Optometric Education, or its successor organization, of the American Optometric Association. Optometric schools and colleges which apply for board approval must meet current Council on Optometric Education standards. It is the responsibility of a school to apply for approval and of a student to ascertain whether or not a school has been approved by the board.

The board reserves the right to withdraw approval of a school which ceases to meet the board's standards after notifying the school in writing and granting it an opportunity to contest the board's proposed withdrawal.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-040, filed 2/26/91, effective 3/29/91; 86-13-009 (Resolution No. PM 597), § 308-53-070, filed 6/5/86. Statutory Authority: RCW 18.54.070(5). 78-02-030 (Order PL 281), § 308-53-070, filed 1/17/78.]

#### WAC 246-851-090 Continuing education requirement.

(1) Licensed optometrists must complete fifty hours of continuing education every two years as required in chapter 246-12 WAC, Part 7.

(2) In lieu of this requirement, licensees practicing solely outside of Washington may meet the continuing education requirements of the state or territory in which they practice.

[Statutory Authority: RCW 43.70.280, 98-05-060, § 246-851-090, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.54.070(2), 97-12-088, § 246-851-090, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070, 92-06-030 (Order 248B), § 246-851-090, filed 2/26/92, effective 3/28/92; 91-06-025 (Order 119B), recodified as § 246-851-090, filed 2/26/91, effective 3/29/91; 88-07-047 (Order PM 710), § 308-53-100, filed 3/11/88. Statutory Authority: RCW 18.54.070(5), 80-01-088 (Order PL 326), § 308-53-100, filed 12/28/79; Order PL 239, § 308-53-100, filed 3/3/76.]

**WAC 246-851-110 Courses presumed to qualify for credit.** Courses offered by the following organizations are presumed to qualify as continuing education courses without specific prior approval of the board. However, the board reserves the right to not accept credits if the board determines that a course did not provide appropriate information or training.

- (1) The American Optometric Association.
- (2) Any college or school of optometry whose scholastic standards are deemed sufficient by the board under RCW 18.53.060(2).
- (3) The Washington Association of Optometric Physicians.
- (4) Any state optometric association which is recognized by the licensing authority of its state as a qualified professional association or educational organization.
- (5) The state optometry board.
- (6) The optometry licensing authority of any other state.
- (7) The American Academy of Optometry.
- (8) The Optometric Extension Program.
- (9) The College of Optometrists in Vision Development.
- (10) The National Eye Research Foundation.
- (11) Regional congresses of any of the organizations listed in subsections (1) through (10) of this section.
- (12) The Council on Post-Graduate Education of the American Optometric Association.
- (13) The Council on Optometric Practitioner Education (C.O.P.E.).

[Statutory Authority: RCW 18.54.070(2), 97-12-088, § 246-851-110, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070, 94-04-041, § 246-851-110, filed 1/27/94, effective 2/27/94; 93-18-092 (Order 393B), § 246-851-110, filed 9/1/93, effective 10/2/93; 91-06-025 (Order 119B), recodified as § 246-851-110, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2), 89-10-030 (Order PM 839), § 308-53-120, filed 4/27/89. Statutory Authority: RCW 18.54.070, 88-07-047 (Order PM 710), § 308-53-120, filed 3/11/88. Statutory Authority: RCW 18.54.070(5), 84-09-082 (Order PL 465), § 308-53-120, filed 4/18/84; Order PL 239, § 308-53-120, filed 3/3/76.]

**WAC 246-851-120 Approval of courses.** (1) The board will individually consider requests for approval of continuing education courses. The board will consider the following course components:

- (a) Whether the course contributes to the advancement and enhancement of skills in the practice of optometry.
  - (b) Whether the course is taught in a manner appropriate to the subject matter.
  - (c) Whether the instructor has the necessary qualifications, training and/or experience to present the course.
- (2) Courses related to a single product or device will not normally be granted credit.
- (3) Requests must be submitted at least sixty days prior to the date of the course and must include at least:
- (a) Name of the course being offered.

(b) Location and date of course.

(c) Course outline.

(d) Format of activity (e.g., lecture, videotape, clinical participation, individual study).

(e) Total number of hours of continuing education being offered.

(f) Name and qualifications of the instructor or speaker.

[Statutory Authority: RCW 18.54.070(2), 97-12-088, § 246-851-120, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070, 91-22-061 (Order 210B), § 246-851-120, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-120, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2), 89-10-030 (Order PM 839), § 308-53-123, filed 4/27/89.]

**WAC 246-851-130 Post-graduate educational program.** The board or its agent will, when financially possible, provide an annual post-graduate educational program.

[Statutory Authority: RCW 18.54.070, 91-06-025 (Order 119B), recodified as § 246-851-130, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2), 89-10-030 (Order PM 839), § 308-53-125, filed 4/27/89. Statutory Authority: RCW 18.54.070(5), 80-01-088 (Order PL 326), § 308-53-125, filed 12/28/79.]

**WAC 246-851-140 Continuing education credit for admission to optometric organizations and participation in patient care reviews.** (1) Credit may be granted for preparation and admission to optometric scientific groups (for example, the Academy of Optometry).

(2) Credit may be granted for participation in a local, county, state or federal professional standard review or planning organization relating to health care agencies or institutions.

(3) Requests for credit must be submitted to the board at least sixty days prior to the end of the reporting period.

(4) No more than five credit hours will be granted under this section for any licensee in any two-year reporting period.

[Statutory Authority: RCW 18.54.070(2), 97-12-088, § 246-851-140, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070, 91-06-025 (Order 119B), recodified as § 246-851-140, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2), 89-10-030 (Order PM 839), § 308-53-135, filed 4/27/89. Statutory Authority: RCW 18.54.070(5), 80-01-088 (Order PL 326), § 308-53-135, filed 12/28/79.]

**WAC 246-851-150 Credit for individual research, publications, and small group study.** (1) Subject to approval by the board, continuing education credit may be granted for:

(a) Participation in formal reviews and evaluations of patient care such as peer review and case conferences;

(b) Participation in small group study or individual research;

(c) Scholarly papers and articles whether or not the articles or papers are published.

Requests for credit for papers or articles should include a copy of the article and the number of hours requested.

(2) Licensees must submit requests for credit to the board at least sixty days prior to the end of the reporting period.

(3) No more than ten credit hours will be granted under this section to any licensee in any two-year reporting period.

[Statutory Authority: RCW 18.54.070(2), 02-10-065, § 246-851-150, filed 4/26/02, effective 5/27/02; 97-12-088, § 246-851-150, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070, 91-06-025 (Order 119B),

recodified as § 246-851-150, filed 2/26/91, effective 3/29/91; Order PL 239, § 308-53-140, filed 3/3/76.]

**WAC 246-851-170 Self-study educational activities.**

The board may grant continuing education credit for participation in self-study educational activities. The board may grant a licensee a total of twenty-five credit hours under this section for any two-year reporting period. Self-study educational activities may include:

(1) **Credit for reports.** The board may grant continuing education credit for reports on professional optometric literature. Licensees must submit requests for credit at least sixty days before the end of the reporting period. The request must include a copy of the article, including publication source, date and author. The report must be typewritten and include at least ten descriptive statements from the article.

(a) Professional literature approved for these reports are:

- (i) *Optometry and Physiological Optics*;
- (ii) *American Optometric Association News*;
- (iii) *Contact Lens Spectrum*;
- (iv) *Optometry*;
- (v) *Journal of Optometric Education*;
- (vi) *Journal of Optometric Vision Development*;
- (vii) *Optometric Management*;
- (viii) *Review of Optometry*;
- (ix) *Primary Care Optometry News*;
- (x) *20/20 Magazine*; and
- (xi) Other literature as approved by the board.

(b) Each report qualifies for one credit hour. The board may grant a licensee up to ten credit hours under this subsection if the combined total of twenty-five hours for all types of self-study CE is not exceeded.

(2) **Credit for preprogrammed educational materials.**

The board may grant a licensee continuing education credit for viewing and participating in board-approved formal preprogrammed optometric educational materials. The preprogrammed materials must be approved by the Council on Optometric Practitioner Education (COPE), or offered by a board-approved school or college of optometry or other entity or organization approved by the board for credit under this section; and must require successful completion of an examination for certification. The preprogrammed educational materials include, but are not limited to:

- (a) Correspondence courses offered through magazines or other sources;
- (b) Cassettes;
- (c) Videotapes;
- (d) CD-ROM;
- (e) Internet.

The board may grant a licensee up to twenty-five credit hours under this subsection if the combined total for all types of self-study CE does not exceed twenty-five hours in any two-year reporting period.

[Statutory Authority: RCW 18.54.070(2). 04-21-077, § 246-851-170, filed 10/20/04, effective 11/20/04; 97-12-088, § 246-851-170, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-170, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-170, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-146, filed 4/27/89. Statutory Authority: RCW 18.54.070(5). 80-04-054 (Order PL 331), § 308-53-146, filed 3/21/80.]

(2005 Ed.)

**WAC 246-851-180 Credit for lecturing.** Subject to approval by the board, continuing education credit may be given for the preparation and presentation of courses and lectures in optometric education. Three hours of credit will be granted for each course hour. Requests for credit must be submitted to the board at least sixty days prior to the end of the reporting period. Credit for subsequent presentations will be considered if the applicant can demonstrate that substantial additional preparation was required. No more than ten hours will be granted under this section for any licensee in any two-year reporting period.

[Statutory Authority: RCW 18.54.070(2). 97-12-088, § 246-851-180, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-180, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-180, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-150, filed 4/27/89; Order PL 239, § 308-53-150, filed 3/3/76.]

**WAC 246-851-190 Credit for CPR training.** Continuing education credit will be granted for certified training in cardio-pulmonary resuscitation (CPR). No more than ten credit hours will be granted under this section to any licensee in any two-year reporting period.

[Statutory Authority: RCW 18.54.070(2). 97-12-088, § 246-851-190, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-190, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-151, filed 4/27/89. Statutory Authority: RCW 18.54.070(5). 82-12-077 (Order PL 399), § 308-53-151, filed 6/2/82.]

**WAC 246-851-230 Credits for practice management.** Continuing education credit will be granted for courses or materials involving practice management under WAC 246-851-110 through 246-851-180. No more than ten credit hours will be granted under this section to any licensee in any two-year reporting period.

[Statutory Authority: RCW 18.54.070(2). 97-12-088, § 246-851-230, filed 6/4/97, effective 7/5/97. Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-230, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-230, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-175, filed 4/27/89.]

**WAC 246-851-250 Minimum equipment requirements.** (1) Licensed optometrists must have direct access on the premises to the following equipment and accessories, all of which must be in working condition:

- (a) Adjustable examining chair;
- (b) Phoropter/refractor;
- (c) Retinoscope;
- (d) Ophthalmoscope;
- (e) Pupillary distance measuring device;
- (f) Projector and screen; or illuminated test cabinet, or chart for distant vision testing;
- (g) Nearpoint vision testing equipment;
- (h) Lensometer;
- (i) Tonometer;
- (j) Biomicroscope/slit lamp;
- (k) A clinically accepted visual field testing instrument or equipment.

(2) Licensed optometrists who prescribe contact lenses must have direct access on the premises to the following equipment, all of which must be in working condition:

- (a) Diameter gauge;
- (b) Thickness gauge;
- (c) Cobalt or black light instrument;
- (d) Radiuscope/contactogauge type measuring instrument;
- (e) Thickness tables;
- (f) Corneal measurement instrument that quantifies corneal curvature.

[Statutory Authority: RCW 18.54.070(2). 02-10-065, § 246-851-250, filed 4/26/02, effective 5/27/02. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-250, filed 2/26/91, effective 3/29/91; 89-01-087 (Order 812), § 308-53-200, filed 12/21/88, effective 1/1/90; Order PL 256, § 308-53-200, filed 9/13/76.]

**WAC 246-851-260 Mobile optometric units.** (1) Doctors of optometry operating mobile units are required to maintain the minimum equipment requirements of WAC 246-851-250 in such units.

(2) Before examining a patient or filling a prescription for a patient, the doctor of optometry must provide to the patient his complete name, his business phone number, the address of his regular office, and his regular office hours. If such doctor of optometry does not maintain a business phone or regular office, he must provide this information to the patient, and must give him his personal phone number and address in place of his business number and address. If the practice of a mobile unit is owned in whole or in part by someone other than the doctor of optometry operating the mobile unit, such fact must also be provided to the patient, along with the names, phone numbers and addresses of all those who own an interest in the practice. The information required by this section may be provided to the patients by means of a sign on or near the mobile unit which the public may reasonably be expected to see and comprehend.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-260, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-260, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 78-02-030 (Order PL 281), § 308-53-205, filed 1/17/78.]

**WAC 246-851-280 Contact lens advertising.** Where contact lens prices are advertised, such advertisement shall clearly state: (a) The type of contact lens or lenses offered at the price(s) advertised and any exclusions or limitations therein; (b) whether examinations, dispensing, related supplies and/or other service charges are included or excluded in the advertised price(s); and (c) the manufacturer, laboratory of origin or brand name of the contact lenses.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-280, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 81-06-012 (Order PL 367), § 308-53-215, filed 2/20/81.]

**WAC 246-851-290 Maintenance of records.** Licensed optometrists shall maintain records of eye examinations and prescriptions for a minimum of five years from the date of examination or prescription.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-290, filed 2/26/91, effective 3/29/91; Order PL 256, § 308-53-220, filed 9/13/76.]

**WAC 246-851-300 Renting space from and practicing on premises of commercial (mercantile) concern.**

[Title 246 WAC—p. 1178]

Where a doctor of optometry rents or buys space from and practices optometry on the premises of a commercial or mercantile concern:

(1) The practice must be owned by the doctor of optometry solely or in conjunction with other licensed doctors of optometry, and in every phase be under the exclusive control of the doctor(s) of optometry. The prescription files are the sole property of the doctor(s) of optometry.

(2) The space must be definite and distinct from space occupied by other occupants of the commercial or mercantile concern.

(3) The doctor(s) of optometry must be clearly identified to the public. Such identification must include the name of the doctor(s) of optometry and the term "doctor of optometry" or "independent doctor of optometry" or other similar phrase.

(4) All signs, advertising and display must be separate and distinct from that of the other occupants and of the commercial or mercantile concern. All optometric practice advertisements or announcements on the premises of a commercial or mercantile concern shall not make references which could reasonably convey the impression that the optometric practice is controlled by or part of the commercial or mercantile concern.

[Statutory Authority: RCW 18.54.070(2). 02-10-065, § 246-851-300, filed 4/26/02, effective 5/27/02. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-300, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 81-06-012 (Order PL 367), § 308-53-230, filed 2/20/81; 78-02-030 (Order PL 281), § 308-53-230, filed 1/17/78; Order PL-271, § 308-53-230, filed 7/25/77.]

**WAC 246-851-310 Proper identification of licensees.** Each person licensed under chapter 18.53 RCW must be clearly identified to the public as a doctor of optometry at all practice locations. The identification must include the name of the licensee and the term "doctor of optometry" or "independent doctor of optometry" or other similar phrase, at or near the entrance to the licensee's office.

[Statutory Authority: RCW 18.54.070(2). 02-10-065, § 246-851-310, filed 4/26/02, effective 5/27/02. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-310, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 78-02-030 (Order PL 281), § 308-53-235, filed 1/17/78.]

**WAC 246-851-320 Doctor of optometry presumed responsible for advertisements.** Every licensed doctor of optometry whose name or office address or place of practice appears or is mentioned in any advertisement of any kind or character shall be presumed to have caused, allowed, permitted, approved, and sanctioned such advertising and shall be presumed to be personally responsible for the content and character thereof. Once sufficient evidence of the advertisement's existence has been introduced at any administrative hearing before the board of optometry, the burden of proof to rebut this presumption by a preponderance of the evidence shall be upon the doctor of optometry.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-320, filed 2/26/91, effective 3/29/91; Order PL-271, § 308-53-240, filed 7/25/77.]

**WAC 246-851-330 Misleading titles or degrees.** An optometrist shall not use misleading or unrelated degrees or

titles in connection with the professional practice of optometry. The use of an optometric designation such as "optometrist" or "doctor of optometry" or other similar phrase shall not be used in connection with a business or activity that is not related to optometric care.

[Statutory Authority: RCW 18.54.070(2). 02-10-065, § 246-851-330, filed 4/26/02, effective 5/27/02. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-330, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-245, filed 12/28/79.]

**WAC 246-851-350 Improper professional relationship.** No doctor of optometry shall make any contracts or agreements, whether express or implied, nor engage in any arrangement with a retail dispensing optician whereby the optician or his agent shall:

- (1) Pay any professional expenses for the doctor of optometry;
- (2) Pay any or all of the professional fees of a doctor of optometry;
- (3) Pay any commission, bonus, or rebate for volume of materials or services received from a doctor of optometry;
- (4) Receive any commission, bonus or rebate for volume of materials or services furnished to a doctor of optometry;
- (5) Pay any commission to the doctor of optometry in return for referral of patients to the optician;
- (6) Receive any commission from a doctor of optometry in return for referral of patients to such doctor of optometry.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-350, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 78-02-030 (Order PL 281), § 308-53-260, filed 1/17/78.]

**WAC 246-851-370 Employed doctors of optometry, franchises and equipment use agreements.** The salary, bonus or other remuneration of a doctor of optometry who is employed for professional optometric services, shall not be dependent upon the percentage or number of patients who obtain visual examinations or who have prescriptions filled. The employed optometrist, acting in the capacity of consultant, advisor or staff doctor of optometry, the optometrist who has acquired a franchise relating to the practice of optometry, and the optometrist who has a professional equipment use agreement/contract, shall at all times remain cognizant of his or her professional responsibilities and with demeanor, decorum and determination retain his or her right of independent professional judgment and title in all situations and circumstances. If at any time the right of independent professional judgment or title is abridged it shall be incumbent upon the optometrist to resign or correct his or her position as consultant, advisor or staff doctor of optometry, or to resign from or correct a franchise and/or equipment use agreement/contract relationship.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-370, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5) and 18.54.075. 85-16-054 (Order PL 545), § 308-53-270, filed 7/31/85. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-270, filed 12/28/79.]

**WAC 246-851-380 Practice under another optometrist's name.** Pursuant to RCW 18.53.140, when the initial right to practice under the name of any lawfully licensed

optometrist is transferred to another lawfully licensed optometrist or association of lawfully licensed optometrists, the right to practice under such first optometrist's name may not be subsequently transferred by the first transferee and used by a third party or parties.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-380, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-275, filed 12/28/79.]

**WAC 246-851-400 Certification required for use of pharmaceutical agents.** (1) Licensed optometrists using pharmaceutical agents in the practice of optometry shall have a minimum of sixty hours of didactic and clinical instruction in general and ocular pharmacology as applied to optometry, and for therapeutic purposes an additional minimum seventy-five hours of didactic and clinical instruction, and certification from an institution of higher learning, accredited by those agencies recognized by the United States Office of Education or the Council on Post-Secondary Accreditation to qualify for certification by the optometry board to use drugs for diagnostic and therapeutic purposes.

(2) Optometrists must obtain the required instructions in both diagnostic and therapeutic categories in order to be eligible to qualify for certification to use drugs for therapeutic purposes.

(3) The instruction in ocular therapeutics must cover the following subject area in order to qualify for certification training:

- (a) Ocular pharmacology.
  - (i) Corneal barrier, blood-aqueous, /-retinal barrier.
  - (ii) Routes of drug administration for ocular disease.
  - (iii) Prescription writing and labeling.
  - (iv) Ocular side-effects of systemic drugs.
- (b) Anti-infectives.
  - (i) General principles of anti-infective drugs.
  - (ii) Antibacterial drugs.
  - (iii) Treatment of ocular bacterial infections.
  - (iv) Antiviral drugs.
  - (v) Treatment of ocular viral infections.
  - (vi) Antifungal drugs.
  - (vii) Treatment of ocular fungal infections.
  - (viii) Antiparasitic drugs.
  - (ix) Treatment of parasitic eye disease.
- (c) Anti-inflammatory drugs.
  - (i) Nonsteroidal anti-inflammatory drugs (NSAIDS).
  - (ii) General principles of mast-cell stabilizers.
  - (iii) Antihistamines.
  - (iv) Ocular decongestants.
  - (v) Treatment of allergic disease.
  - (vi) Treatment of inflammatory disease.
  - (vii) Cycloplegic drugs.
  - (viii) Treatment of ocular trauma.
  - (ix) Ocular lubricants.
  - (x) Hypertonic agents.
  - (xi) Antiglaucoma drugs.

Each subject area shall be covered in sufficient depth so that the optometrist will be informed about the general principles in the use of each drug category, drug side effects and contra indications, and for each disease covered the subject

tive symptoms, objective signs, diagnosis and recommended treatment and programs.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-400, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-400, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.53.010. 89-17-040 (Order PM 853), § 308-53-330, filed 8/11/89, effective 9/11/89.]

**WAC 246-851-410 Drug formulary.** Pursuant to RCW 18.53.010(3) the optometry board adopts the following drug formulary of topically applied drugs for diagnostic and treatment purposes.

- (1) Drugs for diagnostic or therapeutic purposes.
  - (a) Mydriatics.
  - (b) Cycloplegics.
  - (c) Miotics.
  - (d) Anesthetics.
- (2) Drugs for therapeutic purposes only.
  - (a) Anti-infectives.
  - (b) Antihistamines and decongestants.
  - (c) Ocular lubricants.
  - (d) Antiglaucoma and ocular hypotensives.
  - (e) Anti-inflammatories.
  - (f) Hyperosmotics.
  - (g) Other topical drugs approved for ocular use by the FDA.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-410, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.53.010. 89-17-040 (Order PM 853), § 308-53-340, filed 8/11/89, effective 9/11/89.]

**WAC 246-851-420 Optometrist with prescriptive authorization.** (1) Each prescription issued by an optometrist, who is certified by the board to prescribe legend drugs for therapeutic purposes, shall include on the prescription his/her license number and the letters "TX." These letters shall represent the authority which has been granted to the practitioner by the board and will serve to assure pharmacists that the prescription has been issued by an authorized practitioner. When the prescription is orally transmitted to a pharmacist, this information shall be included or shall be on file at the pharmacy.

(2) Any optometrist who issues a prescription without having: (a) Received appropriate certification from the board, or (b) fails to include the identifying information on the prescription, or (c) prescribes outside their scope of practice or for other than therapeutic or diagnostic purposes, or (d) violates any state or federal law or regulations applicable to prescriptions, may be found to have committed an act of unprofessional conduct and may be disciplined in accordance with the provisions of chapter 18.130 RCW.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-420, filed 2/26/91, effective 3/29/91; 89-22-102, § 308-53-350, filed 11/1/89, effective 12/2/89.]

**WAC 246-851-430 AIDS prevention and information education requirements.** Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-851-430, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.54.070 and 70.24.270. 91-22-061 (Order 210B), § 246-851-430, filed 11/1/91, effective

12/2/91. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-430, filed 2/26/91, effective 3/29/91. Statutory Authority: 1988 c 206 § 604. 89-09-027 (Order 833), § 308-53-400, filed 4/13/89.]

**WAC 246-851-440 Philosophy governing voluntary substance abuse monitoring programs.** The board recognizes the need to establish a means of proactively providing early recognition and treatment options for optometrists whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such optometrists be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this the board shall approve voluntary substance abuse monitoring programs and shall refer optometrists impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.186. 92-06-030 (Order 248B), § 246-851-440, filed 2/26/92, effective 3/28/92.]

**WAC 246-851-450 Terms used in WAC 246-851-440 through 246-851-470.** (1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and the criteria established by the board in WAC 246-851-460 which enters into a contract with optometrists who have substance abuse problems regarding the required components of the optometrist's recovery activity and oversees the optometrist's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating optometrists.

(2) "Contract" is a comprehensive, structured agreement between the recovering optometrist and the approved monitoring program stipulating the optometrist's consent to comply with the monitoring program and its required components of the optometrist's recovery activity.

(3) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 70.96A.020(2) or 69.54.030 to provide intensive alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state must be equivalent to the standards required for approval under RCW 70.96A.020 (2) or 69.54.030.

(4) "Substance abuse" means the impairment, as determined by the board, of an optometrist's professional services by any addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

(5) "Aftercare" is that period of time after intensive treatment that provides the optometrist and the optometrist's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.

(6) "Support group" is a group of health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced health care professional facilitator in which optometrists may safely discuss drug diversion, licensure

issues, return to work and other professional issues related to recovery.

(7) "Twelve step groups" are groups such as alcoholics anonymous, narcotics anonymous and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, a peer group association, and self-help.

(8) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person being tested.

(9) "Health care professional" is an individual who is licensed, certified, or registered in Washington to engage in the delivery of health care to patients.

[Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.186. 92-06-030 (Order 248B), § 246-851-450, filed 2/26/92, effective 3/28/92.]

**WAC 246-851-460 Approval of substance abuse monitoring programs.** The board shall approve the monitoring program(s) which shall participate in the board's substance abuse monitoring program. A monitoring program approved by the board may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program shall not provide evaluation or treatment to the participating optometrists.

(2) The approved monitoring program staff shall have the qualifications and knowledge of both substance abuse and the practice of optometry as defined in this chapter to be able to evaluate:

- (a) Clinical laboratories;
- (b) Laboratory results;
- (c) Providers of substance abuse treatment, both individuals and facilities;
- (d) Support groups;
- (e) The optometry work environment; and
- (f) The ability of the optometrist to practice with reasonable skill and safety.

(3) The approved monitoring program shall enter into a contract with the optometrist and the board to oversee the optometrist's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff shall determine, on an individual basis, whether an optometrist will be prohibited from engaging in the practice of optometry for a period of time and what restrictions, if any, are placed on the optometrist's practice.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program shall be responsible for providing feedback to the optometrist as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any optometrist who fails to comply with the requirements of the monitoring program.

(9) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of optometry for those participating in the program.

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[Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.186. 92-06-030 (Order 248B), § 246-851-460, filed 2/26/92, effective 3/28/92.]

**WAC 246-851-470 Participation in approved substance abuse monitoring program.** (1) In lieu of disciplinary action, the optometrist may accept board referral into the approved substance abuse monitoring program.

(a) The optometrist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The optometrist shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The optometrist shall undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The optometrist shall agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber as defined in RCW 69.41.030 and 69.50.101.

(iii) The optometrist shall complete the prescribed after-care program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The optometrist shall cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis, and goals.

(v) The optometrist shall submit to random drug screening as specified by the approved monitoring program.

(vi) The optometrist shall attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The optometrist shall comply with specified employment conditions and restrictions as defined by the contract.

(viii) The optometrist shall sign a waiver allowing the approved monitoring program to release information to the board if the optometrist does not comply with the requirements of this contract.

(c) The optometrist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The optometrist may be subject to disciplinary action under RCW 18.130.160 if the optometrist does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) An optometrist who is not being investigated by the board or subject to current disciplinary action or currently being monitored by the board for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the board if they meet the requirements of the approved monitoring program:

(a) The optometrist shall undergo a complete physical and psychological evaluation before entering the approved

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monitoring program. This evaluation shall be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The optometrist shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The optometrist shall undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The optometrist shall agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The optometrist shall complete the prescribed after-care program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The optometrist shall cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis, and goals.

(v) The optometrist shall submit to random drug screening as specified by the approved monitoring program.

(vi) The optometrist shall attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The optometrist shall comply with employment conditions and restrictions as defined by the contract.

(viii) The optometrist shall sign a waiver allowing the approved monitoring program to release information to the board if the optometrist does not comply with the requirements of this contract.

(c) The optometrist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsections (1) and (2) of this section. Records held by the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.186. 92-06-030 (Order 248B), § 246-851-470, filed 2/26/92, effective 3/28/92.]

**WAC 246-851-490 Examination and licensure.** To qualify for licensure in this state a candidate must:

(1) Successfully complete Parts I, II, and III of the National Board of Examiners in Optometry (NBEO) examinations; the Part III having been administered and successfully completed after January 1, 1993;

(2) Applicants who completed the NBEO Part II examination prior to January 1, 1993, must successfully complete the International Association of Examiners in Optometry (IAB) examination in treatment and management of ocular disease; and

(3) Successfully complete a jurisprudence questionnaire; and

(4) Be a graduate of a state accredited high school or equivalent; and

(5) Be a graduate of a school or college of optometry accredited by the Council on Optometric Education of the American Optometric Association and approved by the Washington state board of optometry; and

(6) Be of good moral character.

[Statutory Authority: RCW 18.54.070(2). 96-20-087, § 246-851-490, filed 10/1/96, effective 11/1/96. Statutory Authority: RCW 18.54.070. 95-14-114, § 246-851-490, filed 6/30/95, effective 7/31/95; 92-20-019 (Order 305B), § 246-851-490, filed 9/25/92, effective 10/26/92; 92-06-030 (Order 248B), § 246-851-490, filed 2/26/92, effective 3/28/92.]

**WAC 246-851-500 Credentialing by endorsement.** A license to practice optometry may be issued without examination to an individual licensed in another state that has licensing standards substantially equivalent to those in Washington.

(1) The license may be issued upon receipt of:

(a) Documentation from the state in which the applicant is licensed indicating that the state's licensing standards are substantially equivalent to the licensing standards currently applicable in Washington state;

(b) A completed application form with application fees;

(c) Verification from all states in which the applicant holds a license, whether active or inactive, indicating that the applicant is not subject to charges or disciplinary action for unprofessional conduct or impairment; and

(d) Certification that the applicant has read chapters 18.53, 18.54, 18.195 and 18.130 RCW, and chapters 246-851 and 246-852 WAC.

(2) The board may require additional information as needed to determine if an applicant is eligible for credentialing by endorsement.

[Statutory Authority: RCW 18.54.070(2). 96-20-087, § 246-851-500, filed 10/1/96, effective 11/1/96. Statutory Authority: RCW 18.54.070. 95-14-114, § 246-851-500, filed 6/30/95, effective 7/31/95; 92-20-019 (Order 305B), § 246-851-500, filed 9/25/92, effective 10/26/92.]

**WAC 246-851-520 Contact lens prescription defined.** A contact lens prescription is a written, signed order from an optometrist to another optometrist, physician, or dispensing optician describing optical and physical characteristics of the contact lenses to be dispensed. It shall be based upon a comprehensive vision and eye health examination, followed by a diagnostic or trial evaluation, and a final evaluation of the contact lens on the eye by a prescribing doctor.

[Statutory Authority: RCW 18.54.070(2). 02-10-065, § 246-851-520, filed 4/26/02, effective 5/27/02. Statutory Authority: RCW 18.54.070. 92-20-048 (Order 308B), § 246-851-520, filed 9/30/92, effective 10/31/92.]

**WAC 246-851-550 Sexual misconduct.** (1) An optometrist shall not engage in sexual contact or sexual activity with a current patient.

(a) A current patient is a patient who has received professional services from the optometrist within the last three years and whose patient record has not been transferred to another optometrist or health care professional.

(b) A referral of the patient record must be in writing and with the knowledge of both the patient and the optometrist or health care practitioner to whom the record is transferred.

(2) The optometrist shall never engage in sexually harassing or demeaning behavior with current or former patients.

[Statutory Authority: RCW 18.54.070, 94-04-041, § 246-851-550, filed 1/27/94, effective 2/27/94.]

**WAC 246-851-560 Adjudicative proceedings.** The board of optometry adopts the model procedural rules for adjudicative proceedings of the department of health contained in chapter 246-11 WAC.

[Statutory Authority: RCW 18.54.070, 18.130.050(1), 95-04-084, § 246-851-560, filed 1/31/95, effective 3/3/95.]

**WAC 246-851-570 Certification required for use or prescription of drugs administered orally for diagnostic or therapeutic purposes.** (1) To qualify for certification to use or prescribe drugs administered orally for diagnostic or therapeutic purposes, licensed optometrists must provide documentation that he or she:

(a) Are certified under RCW 18.53.010 (2)(b) to use or prescribe topical drugs for diagnostic and therapeutic purposes.

(b) Have successfully completed a minimum of sixteen hours of didactic and eight hours of supervised clinical instruction from an institution of higher learning, accredited by those agencies recognized by the United States Office of Education or the Council on Postsecondary Accreditation.

(2) The didactic instruction must include a minimum of sixteen hours in the following subject area:

- (a) Basic principles of systemic drug therapy;
- (b) Side effects, adverse reactions and drug interactions in systemic therapy;
- (c) Review of oral pharmaceuticals:
  - (i) Prescription writing;
  - (ii) Legal regulations in oral prescription writing;
  - (iii) Systemic antibacterials in primary eye care;
  - (iv) Systemic antivirals in eye care;
  - (v) Systemic antifungal in eye care;
  - (vi) Systemic antihistamines and decongestants and their uses in eye care;
  - (vii) Oral dry eye agents;
  - (viii) Anti-emetics and their use in eye care;
  - (ix) Systemic diuretics and their management of elevated IOP;
  - (x) Systemic epinephrine;

(d) Review of systemic medication in ocular pain management:

- (i) Legal regulations with scheduled medication;
- (ii) Systemic nonsteroidal anti-inflammatory drugs (NSAIDs);
- (iii) Systemic noncontrolled analgesics;
- (iv) Systemic controlled substances;
- (e) Review of oral medications used for sedation and anti-anxiety properties in eye care:
  - (i) Controlled anti-anxiety/sedative substances;
  - (ii) Legal ramifications of prescribing anti-anxiety drugs;

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(f) Review of systemic medications used during pregnancy and in pediatric eye care:

- (i) Legal ramifications in prescribing to this population;
- (ii) Dosage equivalent with pregnancy and pediatrics;
- (iii) Medications to avoid with pregnancy and pediatrics;
- (g) Applied systemic pharmacology:
  - (i) Eyelid and adnexal tissue;
  - (ii) Lacrimal system and peri-orbital sinuses;
  - (iii) Conjunctival and corneal disorders;
  - (iv) Iris and anterior chamber disorders;
  - (v) Posterior segment disorders;
  - (vi) Optic nerve disease;
  - (vii) Peripheral vascular disease and its relationship with ocular disease;
  - (viii) Atherosclerotic disease;
  - (ix) Other/course review.

(3) The supervised clinical instruction must include at least eight hours in the following subject areas:

- (a) Vital signs;
- (b) Auscultation;
- (c) Ear, nose and throat;
- (d) Screening neurological exam.
- (4) Written examination to cover required curriculum.

[Statutory Authority: 2003 c 142 and RCW 18.54.072(2), 04-05-004, § 246-851-570, filed 2/5/04, effective 3/7/04.]

**WAC 246-851-580 Drug list.** Pursuant to RCW 18.53.010(4), the optometry board adopts the following drug formulary of oral Schedule III through V controlled substances and legend drugs for diagnostic and therapeutic purposes in the practice of optometry. No licensed optometrist may use, prescribe, dispense, purchase, possess, or administer these drugs except as authorized and to the extent permitted by the board. This section includes the approved oral drug formulary. Optometrists must consult WAC 246-851-590 for specific guidelines on these drugs or drug categories.

(1) Approved nonscheduled oral drugs include:

- (a) Antibiotic agents excluding those listed in WAC 246-851-590(1).
- (b) Antiviral agents.
- (c) Antifungal agents listed under WAC 246-851-590(2).
- (d) Antihistamine agents.
- (e) Decongestant agents.
- (f) Dry eye agents.
- (g) Anti-emetic agents listed under WAC 246-851-590(3).
- (h) Diuretic agents listed under WAC 246-851-590(4).
- (i) Nonsteroidal anti-inflammatory agents excluding those listed in WAC 246-851-590(5).

(j) Analgesics.

(2) Approved controlled substances limited to Schedules III, IV, and V.

- (a) Schedule III controlled substances.
- (b) Schedule IV controlled substances.
- (c) Schedule V controlled substances.
- (d) Schedule IV anti-anxiety/sedative agents.
- (3) Approved injectable substances.

Administration of epinephrine by injection for the treatment of anaphylactic shock.

[Statutory Authority: 2003 c 142 and RCW 18.54.070(2). 04-12-127, § 246-851-580, filed 6/2/04, effective 7/3/04.]

**WAC 246-851-590 Guidelines for the use of oral Schedule III through V controlled substances and legend drugs.** Nothing in these guidelines should be construed to restrict the recommendation of over-the-counter medications, vitamins, or supplements, nor restrict the ordering of any radiologic or laboratory testing necessary to the diagnosis of any eye related disease that is within the scope of practice of optometry.

(1) All oral forms and dosages of antibiotic agents will be available for use excluding: Vancomycin.

(2) Antifungal agents used in eye care shall fall into the following categories:

- (a) All oral forms and dosages of polyene antifungals.
- (b) All oral forms and dosages of imidazole antifungals.
- (c) All oral forms and dosages of triazole antifungals.

(3) Anti-emetic agents used in eye care shall be the following medications:

- (a) All oral forms and dosages of prochlorperazine.
- (b) All oral forms and dosages of metoclopramide.
- (c) All oral forms and dosages of promethazine.

(4) Diuretic agents used in eye care shall fall into the following categories:

(a) All oral forms and dosages of carbonic anhydrase inhibitors.

(b) All oral forms and dosages of osmotic diuretics. Osmotic diuretics shall be used only in the case of acute angle closure glaucoma administered in-office, outpatient, and/or ambulatory procedures only.

(5) All oral forms and dosages of nonsteroidal anti-inflammatory agents will be available for use excluding: Ketorolac tromethamine.

(6) Benzodiazepines prescribed, as anti-anxiety agents, shall be used for in-office, outpatient, and/or ambulatory procedures. This family of medications will be utilized as one dosage unit per prescription.

(7) Schedules III and IV controlled substances will have a maximum quantity count of thirty dosage units per prescription.

(8) Specific dosage for use and appropriate duration of treatment of oral medications listed in WAC 246-851-580(1) will be consistent with guidelines established by the Food and Drug Administration.

(9) Notation of purpose shall be included on all prescriptions.

(10) An optometrist may not:

(a) Use, prescribe, dispense, or administer oral corticosteroids; or

(b) Prescribe, dispense, or administer a controlled substance for more than seven days in treating a particular patient for a single trauma, episode, or condition or for pain associated with or related to the trauma, episode, or condition; or

(c) Prescribe an oral drug within ninety days following ophthalmic surgery unless the optometrist consults with the treating ophthalmologist. If treatment exceeding the limitation is indicated, the patient must be referred to a physician licensed under chapter 18.71 RCW.

(11) The prescription or administration of drugs as authorized in this section is specifically limited to those drugs appropriate to treatment of diseases or conditions of the human eye and the adnexa that are within the scope of practice of optometry. The prescription or administration of drugs for any other purpose is not authorized.

(12) Nothing in this chapter may be construed to authorize the use, prescription, dispensing, purchase, possession, or administration of any Schedule I or II controlled substance.

[Statutory Authority: 2003 c 142 and RCW 18.54.070(2). 04-12-127, § 246-851-590, filed 6/2/04, effective 7/3/04.]

**WAC 246-851-600 Certification required for administration of epinephrine by injection for treatment of anaphylactic shock.** (1) To qualify for certification to administer epinephrine by injection for anaphylactic shock, licensed optometrists must provide documentation that he or she:

(a) Are certified under RCW 18.53.010 (2)(b) to use or prescribe topical drugs for diagnostic and therapeutic purposes.

(b) Have successfully completed a minimum of four hours of didactic and supervised clinical instruction from an institution of higher learning, accredited by those agencies recognized by the United States Office of Education or the Council on Postsecondary Accreditation to qualify for certification by the optometry board to administer epinephrine by injection.

(2) The didactic instruction must include the following subject area:

(a) Review of urgencies, emergencies and emergency-use agents;

(b) Ocular urgencies:

(i) Thermal burns-direct and photosensitivity-based ultraviolet burn;

(ii) Electrical injury;

(iii) Cryo-injury and frostbite;

(iv) Insect stings and bites;

(v) Punctures, perforations, and lacerations;

(c) General urgencies and emergencies:

(i) Anaphylaxis;

(ii) Hypoglycemic crisis;

(iii) Narcotic overdose.

(3) The supervised clinical instruction must include the following subject areas:

(a) Instrumentation;

(b) Informed consent;

(c) Preparation (patient and equipment);

(d) All routes of injections.

(4) With the exception of the administration of epinephrine by injection for treatment of anaphylactic shock, no injections or infusions may be administered by an optometrist.

[Statutory Authority: 2003 c 142 and RCW 18.54.072(2). 04-05-004, § 246-851-600, filed 2/5/04, effective 3/7/04.]

**WAC 246-851-610 Approval or removal of medications.** The boards of optometry and pharmacy will use a joint process to determine changes to the oral drug list that includes a means to resolve disagreements.

(1) Categories of medications approved by the Food and Drug Administration may be added to WAC 246-851-580(1) by rule through consultation and approval of the board of optometry and board of pharmacy.

(2) Medications approved by the Food and Drug Administration in categories that are within the scope of optometric physician practice that are not included in WAC 246-851-580(1) may be added through consultation and approval of the board of optometry and the board of pharmacy. Approval will follow the joint process established by both boards.

(3) WAC 246-851-580 and 246-851-590 may be updated to reflect additions or removal of medications.

[Statutory Authority: 2003 c 142 and RCW 18.54.070(2). 04-12-127, § 246-851-610, filed 6/2/04, effective 7/3/04.]

**WAC 246-851-990 Optometry fees and renewal cycle.** (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Application	\$125.00
Out-of-state seminar	100.00
License renewal	100.00
Late renewal penalty	50.00
Expired license reissuance	50.00
Duplicate license	15.00
Certification of license	25.00

[Statutory Authority: RCW 43.70.250. 99-08-101, § 246-851-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-851-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250. 96-20-088, § 246-851-990, filed 10/1/96, effective 11/1/96; 95-14-111, § 246-851-990, filed 6/30/95, effective 7/31/95; 92-23-006 (Order 311), § 246-851-990, filed 11/5/92, effective 12/6/92; 92-06-029 (Order 246), § 246-851-990, filed 2/26/92, effective 3/28/92. Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-851-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-06-028 (Order 137), recodified as § 246-851-990, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 43.24.086. 87-10-028 (Order PM 650), § 308-53-020, filed 5/1/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-53-020, filed 8/10/83. Formerly WAC 308-53-310.]

**Chapter 246-852 WAC**

**CONSUMER ACCESS TO VISION CARE**

**WAC**

246-852-010	Duties of practitioners pursuant to chapter 106, Laws of 1994.
246-852-020	Prescription for corrective lenses.
246-852-030	Transmittal of patient information and records.
246-852-040	Retention of patient contact lens records.

**WAC 246-852-010 Duties of practitioners pursuant to chapter 106, Laws of 1994.** (1) Prescribers, including ophthalmologists and optometrists, under chapters 18.53, 18.57, or 18.71 RCW:

(a) When performing an eye examination including the determination of the refractive condition of the eye, shall provide the patient a copy of the prescription at the conclusion of the eye examination.

(b) Shall, if requested by the patient, at the time of the eye examination, also determine the appropriateness of contact lenses wear and include a notation of "OK for Contacts" or similar language on the prescription if the prescriber

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would have fitted the patient him or herself, if the patient has no contraindications for contact lenses.

(c) Shall inform the patient that failure to complete the initial fitting and obtain a follow-up evaluation by a prescriber within six months of the exam will void the "OK for Contacts" portion of the prescription.

(d) Shall provide a verbal explanation to the patient if the prescriber determines the ocular health of the eye presents a contraindication for contact lenses. Documentation of contraindication will also be maintained in the patient's record.

(e) May exclude categories of contact lenses where clinically indicated.

(f) Shall not expire prescriptions in less than two years, unless a shorter time period is warranted by the ocular health of the eye. If a prescription is to expire in less than two years, an explanatory notation must be made by the prescriber in the patient's record and a verbal explanation given to the patient at the time of the eye examination.

(g) Shall comply with WAC 246-852-020.

(2) When conducting a follow-up evaluation for contact lenses fitted and dispensed by another practitioner, the prescriber:

(a) Shall indicate on the written prescription, "follow-up completed" or similar language, and include his or her name and date of the follow-up;

(b) May charge a reasonable fee at the time the follow-up evaluation is performed.

(3) Opticians under chapter 18.34 RCW:

(a) May perform mechanical procedures and measurements necessary to adapt and fit contact lenses from a written prescription consisting of the refractive powers and a notation of "OK for Contacts" or similar language within six months of the eye examination date.

(b) Shall notify patients in writing that a prescriber is to evaluate the initial set of contact lenses on the eye within six months of the eye examination or the "OK for Contacts" portion of the prescription is void and replacement contact lenses will not be dispensed. The patient shall be requested to sign the written notification. The signed or unsigned notification will then be dated and placed in the patient's records.

(4) If the patient is fitted by a practitioner other than the initial prescriber, the contact lens specifications shall be provided to the patient and to a prescriber performing the follow-up evaluation.

(5) When the follow-up evaluation is completed, the approved contact lens specifications shall become a valid prescription with the signature of the evaluating prescriber. The patient shall be able to obtain replacement lenses, from this finalized prescription, for the remainder of the prescription period.

(6) All fitters and dispensers shall distribute safety pamphlets to all contact lens patients designed to inform the patient of consumer and health-related decisions.

[Statutory Authority: 1994 c 106 § 6. 94-17-101, § 246-852-010, filed 8/17/94, effective 9/17/94.]

**WAC 246-852-020 Prescription for corrective lenses.**

(1) A prescription from a prescriber for corrective lenses shall at a minimum include:

(a) Patient name.

(b) Prescriber's name, address, professional license number, phone number and/or facsimile number.

(c) Spectacle prescription.

(d) Prescription expiration date.

(e) Date of eye exam.

(f) Signature of prescriber.

(2) If the patient requests contact lenses and has received an eye examination for contact lenses, the prescription shall also include:

(a) The notation "OK for Contacts" or similar language indicating there are no contraindications for contacts.

(b) Exclusion of categories of contact lenses, if any.

(c) Notation that the "OK for Contacts" portion of the prescription becomes void if the patient fails to complete the initial fitting and obtain the follow-up evaluation by a prescriber within the six-month time period.

(3) When the follow-up evaluation is completed, the approved contact lens specifications shall become a valid prescription with the signature of the evaluating prescriber. The patient shall be able to obtain replacement lenses, from this finalized prescription, for the remainder of the prescription period.

[Statutory Authority: 1994 c 106 § 6. 94-17-101, § 246-852-020, filed 8/17/94, effective 9/17/94.]

**WAC 246-852-030 Transmittal of patient information and records.** The finalized prescription of the contact lens specifications shall be available to the patient or the patient's designated practitioner for replacement lenses and may be transmitted by telephone, facsimile or mail or provided directly to the patient in writing. The initial prescriber may request and receive the finalized contact lens specifications, if the initial prescriber does not perform the fitting and follow-up evaluation.

[Statutory Authority: 1994 c 106 § 6. 94-17-101, § 246-852-030, filed 8/17/94, effective 9/17/94.]

**WAC 246-852-040 Retention of patient contact lens records.** (1) Practitioners shall maintain patient records for a minimum of five years. The records shall include the following which adequately reflects the level of care provided by the practitioners:

(a) The written prescription.

(b) Dioptic power.

(c) Lens material, brand name and/or manufacturer.

(d) Base curve (inside radius of curvature).

(e) Diameter.

(f) Color (when applicable).

(g) Thickness (when applicable).

(h) Secondary/peripheral curves (when applicable).

(i) Special features equivalent to variable curves, fenestration or coating.

(j) Suggested wearing schedule and care regimen.

(2) Opticians' records shall additionally include the following if fitting contact lenses:

(a) Documentation of written advisement to the patient of the need to obtain a follow-up evaluation by a prescriber.

(3) Prescribers' records shall additionally include the following:

(a) Documentation of contraindications which would prohibit contact lens wear and documentation that contraindications were explained to the patient by the prescriber.

(b) Explanatory notation of the reasons why a prescription has an expiration date of less than two years, and documentation that the reasons were explained to the patient at the time of the eye examination.

[Statutory Authority: 1994 c 106 § 6. 94-17-101, § 246-852-040, filed 8/17/94, effective 9/17/94.]

## Chapter 246-853 WAC

### OSTEOPATHIC PHYSICIANS AND SURGEONS

#### WAC

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246-853-045	Inactive credential.
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246-853-990	Osteopathic fees and renewal cycle.

#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-853-040	Renewal of licenses. [Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-040, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-040, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138-070, filed 11/23/88; Order PL 262, § 308-138-070, filed 1/13/77.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
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- 246-853-240 Application for registration. [Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-240, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-240, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138-360, filed 11/23/88.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
- 246-853-270 Renewal expiration date. [Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-270, filed 4/25/91, effective 5/26/91.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
- 246-853-275 Change of mailing address and notice of official documents. [Statutory Authority: RCW 18.57.005. 93-24-028, § 246-853-275, filed 11/22/93, effective 12/23/93.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

**WAC 246-853-020 Osteopathic medicine and surgery examination.** Applicants for licensure as osteopathic physicians must pass the Federation of State Licensing Board (FLEX) with a minimum score of seventy-five on each component of the FLEX I and II examination or after December 1993 satisfactorily pass the United States Medical Licensing Examination (USMLE) with a minimum score as established by the coordinating agencies, Federation of State Medical Boards of the United States and the National Board of Medical Examiners; and obtain at least a seventy-five percent overall average on a board administered examination on osteopathic principles and practices.

The board shall waive the examination required under RCW 18.57.080 if the applicant has passed the FLEX examination prior to June 1985 with a FLEX weighted average of seventy-five percent, or the FLEX I and FLEX II examinations with a minimum score of seventy-five on each component and satisfactorily passes the board administered examination on the principles and practices of osteopathic medicine and surgery.

An applicant who has passed all parts of the examination given by the National Board of Osteopathic Examiners may be granted a license without further examination.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-853-020, filed 11/22/93, effective 12/23/93. Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-020, filed 4/25/91, effective 5/26/91. Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-020, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1). 88-14-113 (Order 745), § 308-138-055, filed 7/6/88. Statutory Authority: RCW 18.57A.020, 18.57.005 and 18.130.050. 88-09-030 (Order PM 723), § 308-138-055, filed 4/15/88. Statutory Authority: RCW 18.57.005. 85-10-025 (Order PL 527), § 308-138-055, filed 4/24/85. Statutory Authority: 1979 c 117 § 3(3). 79-12-068 (Order PL 321), § 308-138-055, filed 11/29/79.]

**WAC 246-853-025 Special purpose examination.** (1) The board of osteopathic medicine and surgery, upon review of an application for licensure pursuant to RCW 18.57.130 or reinstatement of an inactive license, may require an applicant to pass a special purpose examination, e.g., SPEX, and/or any other examination deemed appropriate. An applicant may be required to take an examination when the board has concerns with the applicant's ability to practice competently for reasons which may include but are not limited to the following:

- (a) Resolved or pending malpractice suits;
- (b) Pending action by another state licensing authority;
- (c) Actions pertaining to privileges at any institution; or

(d) Not having practiced for an interval of time.

(2) As a result of a determination in a disciplinary proceeding a licensee may be required to pass the SPEX examination.

(3) The minimum passing score on the SPEX examination shall be seventy-five. The passing score for any other examination under this rule shall be determined by the board.

[Statutory Authority: RCW 18.57.005 and 18.130.050. 94-15-068, § 246-853-025, filed 7/19/94, effective 8/19/94. Statutory Authority: RCW 18.57.005 and chapter 18.57 RCW. 92-20-001 (Order 303B), § 246-853-025, filed 9/23/92, effective 10/24/92.]

**WAC 246-853-030 Acceptable intern or residency programs.** The board accepts the following training programs.

(1) Nationally approved one-year internship programs;

(2) The first year of a residency program approved by the American Osteopathic Association, the American Medical Association or by their recognized affiliate residency accredited organizations.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-030, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(3). 79-12-068 (Order PL 321), § 308-138-065, filed 11/29/79.]

**WAC 246-853-045 Inactive credential.** A practitioner may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-853-045, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.57.005 and chapter 18.57 RCW. 92-20-001 (Order 303B), § 246-853-045, filed 9/23/92, effective 10/24/92.]

**WAC 246-853-050 Ethical considerations.** The following acts and practices are unethical and unprofessional conduct warranting appropriate disciplinary action:

(1) The division or "splitting" of fees with other professionals or nonprofessionals as prohibited by chapter 19.68 RCW. Specifically, a person authorized by this board shall not:

(a) Employ another to so solicit or obtain, or remunerate another for soliciting or obtaining, patient referrals.

(b) Directly or indirectly aid or abet an unlicensed person to practice acupuncture or medicine or to receive compensation therefrom.

(2) Use of testimonials, whether paid for or not, to solicit or encourage use of the licensee's services by members of the public.

(3) Making or publishing, or causing to be made or published, any advertisement, offer, statement or other form of representation, oral or written, which directly or by implication is false, misleading or deceptive.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-050, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020. 79-02-011 (Order 297), § 308-138-180, filed 1/11/79.]

**WAC 246-853-060 Continuing professional education required.**

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-853-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-060, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005, 18.57A.020 and 18.57A.070. 84-05-

011 (Order PL 457), § 308-138-200, filed 2/7/84. Statutory Authority: 1979 c 117 § 3(4). 79-12-066 (Order 324), § 308-138-200, filed 11/29/79.]

**WAC 246-853-070 Categories of creditable continuing professional education activities.** The following are categories of creditable continuing medical education activities approved by the board. The credits must be earned in the thirty-six month period preceding application for renewal of licensure. One clock hour shall equal one credit hour for the purpose of satisfying the one hundred fifty hour continuing professional education requirement.

(1) Category 1 - A minimum of sixty credit hours of the total one hundred fifty hour requirements are mandatory under this general category.

(a) Category 1-A - Formal educational programs sponsored by nationally recognized osteopathic or medical institutions, organizations and their affiliates.

Examples of recognized sponsors include but are not limited to:

Accredited osteopathic or medical schools and hospitals.

Osteopathic or medical societies and specialty practice organizations.

Continuing medical education institutes.

Governmental health agencies and institutions.

Residencies, fellowships and preceptorships.

(b) Category 1-B - Preparation in publishable form of an original scientific paper (defined as one which reflects a search of the literature, appends a bibliography, and contains original data gathered by the author) and initial presentation before a postdoctoral audience qualified to critique the author's statements. Maximum allowable credit for the initial presentation will be ten credit hours per scientific paper. A copy of the paper in publishable form shall be submitted to the board. Publication of the above paper or another paper in a professional journal approved by the board may receive credits as approved by the board up to a maximum of fifteen credit hours per scientific paper.

(c) Category 1-C - Serving as a teacher, lecturer, preceptor or moderator-participant in any formal educational program. Such teaching would include classes in colleges of osteopathic medicine and medical colleges and lecturing to hospital interns, residents and staff. Total credits allowed under Category 1-C are forty-five per three-year period, with one hour's credit for each hour of actual instruction.

(A) Category 2-A - Home study - The board strongly believes that participation in formal professional education programs is essential in fulfilling a physician's total education needs. The board is also concerned that the content and educational quality of many unsolicited home study materials are not subject to impartial professional review and evaluation. It is the individual physician's responsibility to select home study materials that will be of actual benefit. For these reasons, the board has limited the number of credits which may be granted for home study, and has adopted strict guidelines in granting these credits.

Reading - Credits may be granted for reading the Journal of the AOA, and other selected journals published by recognized osteopathic organizations. One-half credit per issue is granted for reading alone. An additional one-half credit per issue is granted if the quiz found in the AOA Journal is completed and returned to the division of continuing medical edu-

cation. Credit for all other reading is limited to recognized scientific journals listed in *Index Medicus*. One-half credit per issue is granted for reading these recognized journals.

Listening - Credits may be granted for listening to programs distributed by the AOA audio-educational service. Other audio-tape programs sponsored by nationally recognized organizations and companies are eligible for credit. One-half credit per tape program may be granted. An additional one-half credit may be granted for each AOA audio-educational service program if the quiz card for the tape found in the AOA Journal is completed and returned.

Other home study courses - Subject-oriented and refresher home study courses and programs sponsored by recognized professional organizations are eligible for credit. The number of credit hours indicated by the sponsor will be accepted by the board.

A maximum of ninety credit hours per three-year period may be granted for all home study activities under Category 2-A.

(B) Category 2-B - Preparation and personal presentation of a scientific exhibit at a county, regional, state or national professional meeting. Total credits allowed under Category 2-B are thirty per three-year period, with ten credits granted for each new and different scientific exhibit. Appropriate documentation must be submitted with the request for credit.

(C) Category 2-C - All other programs and modalities of continuing professional education. Included under this category are informal educational activities such as observation at medical centers; programs dealing with experimental and investigative areas of medical practice, and programs conducted by non-recognized sponsors.

Total credits allowed under Category 2-C are thirty hours per three-year period.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-070, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(4). 79-12-066 (Order 324), § 308-138-210, filed 11/29/79.]

**WAC 246-853-080 Continuing education.** (1) Licensed osteopathic physicians and surgeons must complete one hundred fifty hours of continuing education every three years as required in chapter 246-12 WAC, Part 7.

(2) Certification of compliance with the requirement for continuing medical education of the American Osteopathic Association, or receipt of the AMA physicians recognitions award or a current certification of continuing medical education from medical practice academies shall be deemed sufficient to satisfy the requirements of these regulations.

(3) Original certification or recertification within the previous six years by a specialty board will be considered as evidence of equivalent compliance with these continuing professional education requirements.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-853-080, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-080, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(4). 79-12-066 (Order 324), § 308-138-220, filed 11/29/79.]

**WAC 246-853-090 Prior approval not required.** (1) It will not be necessary for a physician to inquire into the prior approval of any continuing medical education. The board will

accept any continuing professional education that reasonably falls within these regulations and relies upon each individual physician's integrity in complying with this requirement.

(2) Continuing professional education program sponsors need not apply for nor expect to receive prior board approval for continuing professional education programs. The continuing professional education category will depend solely upon the status of the organization or institution. The number of creditable hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour. The board relies upon the integrity of program sponsors to present continuing professional education that constitutes a meritorious learning experience.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-090, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(4). 79-12-066 (Order 324), § 308-138-230, filed 11/29/79.]

**WAC 246-853-100 Prohibited publicity and advertising.** An osteopathic physician shall not use or allow to be used any form of public communications or advertising connected with his or her profession or in his or her professional capacity as an osteopathic physician which:

- (1) Is false, fraudulent, deceptive or misleading;
- (2) Uses testimonials;
- (3) Guarantees any treatment or result;
- (4) Makes claims of professional superiority;
- (5) States or includes prices for professional services except as provided for in WAC 246-853-110;
- (6) Fails to identify the physician as an osteopathic physician as described in RCW 18.57.140;
- (7) Otherwise exceeds the limits of WAC 246-853-110.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-100, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-100, filed 12/3/90, effective 1/31/91; 85-22-016 (Order PL 562), § 308-138-300, filed 10/30/85. Statutory Authority: 1979 c 117 § 3(5). 79-12-064 (Order PL 322), § 308-138-300, filed 11/29/79.]

**WAC 246-853-110 Permitted publicity and advertising.** To facilitate the process of informed selection of a physician by potential patients, a physician may publish or advertise the following information, provided that the information disclosed by the physician in such publication or advertisement complies with all other ethical standards promulgated by the board;

- (1) Name, including name of professional service corporation or clinic, and names of professional associates, addresses and telephone numbers;
- (2) Date and place of birth;
- (3) Date and fact of admission to practice in Washington and other states;
- (4) Accredited schools attended with dates of graduation, degrees and other scholastic distinction;
- (5) Teaching positions;
- (6) Membership in osteopathic or medical fraternities, societies and associations;
- (7) Membership in scientific, technical and professional associations and societies;
- (8) Whether credit cards or other credit arrangements are accepted;
- (9) Office and telephone answering service hours;
- (10) Fee for an initial examination and/or consultation;

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(11) Availability upon request of a written schedule of fees or range of fees for specific services;

(12) The range of fees for specified routine professional services, provided that the statement discloses that the specific fee within the range which will be charged will vary depending upon the particular matter to be handled for each patient, and the patient is entitled without obligation to an estimate of the fee within the range likely to be charged;

(13) Fixed fees for specified routine professional services, the description of which would not be misunderstood by or be deceptive to a prospective patient, provided that the statement discloses that the quoted fee will be available only to patients whose matters fall into the services described, and that the client is entitled without obligation to a specific estimate of the fee likely to be charged.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-110, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(5). 79-12-064 (Order PL 322), § 308-138-310, filed 11/29/79.]

**WAC 246-853-120 Malpractice suit reporting.** Every osteopathic physician shall, within sixty days after settlement or judgment, notify the board of any and all malpractice settlements or judgments in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by a physician's incompetency or negligence in the practice of osteopathic medicine. Every osteopathic physician shall also report the settlement or judgment of three or more claims or actions for damages during a year as the result of the alleged physician's incompetence or negligence in the practice of osteopathic medicine regardless of the dollar amount of the settlement or judgment.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-120, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020, 18.57.005 and 18.130.050. 88-09-030 (Order PM 723), § 308-138-320, filed 4/15/88. Statutory Authority: 1979 c 117 § 3(6). 79-12-065 (Order 323), § 308-138-320, filed 11/29/79.]

**WAC 246-853-130 General provisions for mandatory reporting rules.** (1) "Unprofessional conduct" shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" shall mean any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" shall mean any health care institution regulated under chapter 18.51 RCW.

(4) "Board" shall mean the Washington state board of osteopathic medicine and surgery, whose address is:

Department of Health  
Professional Licensing Services  
1300 Quince St., MS: EY-23  
Olympia, WA 98504

(5) "Physician" shall mean an osteopathic physician and surgeon licensed pursuant to chapter 18.57 RCW.

(6) "Physician's assistant" shall mean an osteopathic physician's assistant approved pursuant to chapter 18.57A RCW.

(7) "Mentally or physically impaired practitioner" shall mean an osteopathic physician and surgeon or osteopathic physician's assistant who has been determined by a court to be mentally incompetent or mentally ill or who is unable to

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practice medicine with reasonable skill and safety to patients by reason of any mental or physical condition.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-130, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-130, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-321, filed 5/20/87.]

**WAC 246-853-135 Temporary practice permit.** A temporary permit to practice osteopathic medicine and surgery may be issued to an individual licensed in another state that has substantially equivalent licensing standards to those in Washington.

(1) The temporary permit may be issued upon receipt of:

(a) Documentation from the reciprocal state that the licensing standards used for issuing the license are substantially equivalent to the current Washington licensing standards;

(b) A completed application form on which the applicant indicates he or she wishes to receive a temporary permit and application and temporary permit fees;

(c) Verification of all state licenses, whether active or inactive, indicating that the applicant is not subject to charges or disciplinary action for unprofessional conduct or impairment;

(d) Verification from the federation of state medical board's disciplinary action data bank that the applicant has not been disciplined by a state board or federal agency.

(2) The temporary permit shall expire upon issuance of a license by the board or ninety days after issuance of the temporary permit, whichever occurs first.

(3) A temporary permit shall be issued only once to each applicant. An applicant who does not complete the application process shall not receive a subsequent temporary permit.

[Statutory Authority: RCW 18.57.005 and chapter 18.57 RCW. 92-20-001 (Order 303B), § 246-853-135, filed 9/23/92, effective 10/24/92.]

**WAC 246-853-140 Mandatory reporting.** (1) All reports required by these regulations shall be submitted to the board as soon as possible, but no later than sixty days after a determination is made.

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

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

(b) The name, address, and telephone number of the physician or physician's assistant being reported.

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

(d) A brief description or summary of the facts which give 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.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-140, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-322, filed 5/20/87.]

[Title 246 WAC—p. 1190]

**WAC 246-853-150 Health care institutions.** The chief administrator or executive officer of any hospital or nursing home shall report to the board when any physician's clinical privileges are terminated or are restricted based on a determination that a physician has committed an act or acts which may constitute unprofessional conduct or that a physician may be mentally or physically impaired. Said officer shall also report if a physician accepts voluntary termination or restriction of clinical privileges in lieu of formal action based upon unprofessional conduct or upon being mentally or physically impaired.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-150, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-323, filed 5/20/87.]

**WAC 246-853-160 Medical associations or societies.** The president or chief executive officer of any medical association or society within this state shall report to the board when a medical society hearing panel or committee determines that a physician or physician's assistant may have committed unprofessional conduct or that a physician or physician's assistant may not be able to practice medicine with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety, or welfare. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the termination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-160, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-324, filed 5/20/87.]

**WAC 246-853-170 Health care service contractors and disability insurance carriers.** The executive officer of every health care service contractor and disability insurer regulated under chapters 48.20, 48.21, 48.21A, or 48.44 RCW, shall report to the board all final determinations that an osteopathic physician may have engaged in unprofessional conduct, or by reason of mental or physical impairment may be unable to practice the profession with reasonable skill and safety.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-170, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.130.270 [18.130.070]. 88-01-104 (Order PM 698), § 308-138-325, filed 12/22/87.]

**WAC 246-853-180 Courts.** The board requests the assistance of all clerks of trial courts within the state to report all medical malpractice judgments and all convictions of osteopathic physicians and physician's assistants, other than minor traffic violations.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-180, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-180, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-326, filed 5/20/87.]

**WAC 246-853-190 State and federal agencies.** The board requires the assistance of executive officers of any state

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and requests the assistance of executive officers of any federal program operating in the state of Washington, under which an osteopathic physician or physician's assistant is employed to provide patient care services, to report to the board whenever such an osteopathic physician or physician's assistant has demonstrated his/her incompetency or negligence in the practice of osteopathic medicine, or has otherwise committed unprofessional conduct, or is a mentally or physically impaired practitioner.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-853-190, filed 11/22/93, effective 12/23/93; 91-20-120 (Order 199B), § 246-853-190, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-190, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-327, filed 5/20/87.]

**WAC 246-853-200 Professional review organizations.** Unless prohibited by federal law, every professional review organization operating within the state of Washington shall report to the board any determinations that an osteopathic physician or osteopathic physician's assistant may have engaged in unprofessional conduct, or by reason of mental or physical impairment may be unable to practice the profession with reasonable skill and safety.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-200, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.130.270 [18.130.070]. 88-01-104 (Order PM 698), § 308-138-328, filed 12/22/87.]

**WAC 246-853-210 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, and the practitioner has been in active practice in another United States jurisdiction, the practitioner must:

(a) Submit verification of active practice from any other United States jurisdiction;

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

(3) If the license has expired for over three years, and the practitioner has not been in active practice in another United States jurisdiction, the practitioner:

(a) May be required to be reexamined as provided in RCW 18.57.080;

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

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-853-210, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-210, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-210, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-330, filed 5/20/87. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138-330, filed 8/5/82.]

**WAC 246-853-220 Use of drugs or autotransfusion to enhance athletic ability.** (1) A physician shall not prescribe, administer or dispense anabolic steroids, growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), other hormones, or any form of autotransfusion for the purpose of enhancing athletic ability and/or for nontherapeutic cosmetic appearance.

(2) A physician shall complete and maintain patient medical records which accurately reflect the prescription,

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administering or dispensing of any substance or drug described in this rule or any form of autotransfusion. Patient medical records shall indicate the diagnosis and purpose for which the substance, drug or autotransfusion is prescribed, administered or dispensed and any additional information upon which the diagnosis is based.

(3) A violation of any provision of this rule shall constitute grounds for disciplinary action under RCW 18.130.180(7). A violation of subsection (1) of this rule shall also constitute grounds for disciplinary action under RCW 18.130.180(6).

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-220, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1). 88-21-081 (Order PM 780), § 308-138-340, filed 10/19/88; 88-14-113 (Order 745), § 308-138-340, filed 7/6/88.]

**WAC 246-853-221 How do advanced registered nurse practitioners qualify for prescriptive authority for Schedule II - IV drugs?** Applicants must:

(1) Hold a valid and unrestricted registered nurse license.

(2) Hold or be eligible for an advanced registered nurse practitioner license with authority for legend drugs and Schedule V drugs. (See also WAC 246-840-410.) As noted in RCW 18.79.250, each advanced registered nurse practitioner prescribes within his or her scope of practice for a particular license specialty.

(3) Have a joint practice arrangement that meets requirements of WAC 246-853-222 with a physician or physicians licensed under chapter 18.71 or 18.57 RCW who holds a license without restrictions related to prescribing scheduled drugs.

(4) Submit a completed application form for Schedule II - IV endorsement on a form provided by the department of health, nursing care quality assurance commission accompanied by a fee as specified in WAC 246-840-990.

[Statutory Authority: RCW 18.57.005 and 18.57.280. 01-16-008, § 246-853-221, filed 7/19/01, effective 8/19/01.]

**WAC 246-853-222 Criteria for joint practice arrangement.** The joint practice arrangement shall include:

(1) The names of both the licensed advanced registered nurse practitioner and the licensed physician, both license numbers and both practice addresses;

(2) A written agreement that describes how collaboration will occur between the practitioners; and

(3) The description of the collaboration will vary according to the relationship between the advanced registered nurse practitioner and physician, but must include a description of:

(a) When the advanced registered nurse practitioner will consult with a physician;

(b) How consultation will occur (e.g., face-to-face, phone, fax, e-mail, etc.);

(c) How consultation will be documented.

(4) Joint practice arrangements may be made with more than one physician.

[Statutory Authority: RCW 18.57.005 and 18.57.280. 01-16-008, § 246-853-222, filed 7/19/01, effective 8/19/01.]

**WAC 246-853-223 Endorsement of joint practice arrangements for ARNP licensure.** (1) The joint practice arrangement shall be submitted by the advanced registered nurse practitioner to the department of health, nursing care quality assurance commission at the time of initial licensure or endorsement and biennially with renewal.

(2) A notice of the joint practice arrangement shall be forwarded by the nursing care quality assurance commission to either the medical quality assurance commission or to the board of osteopathic medicine and surgery for review to assure the physician's license is unrestricted. The medical quality assurance commission or the board of osteopathic medicine and surgery will notify the nursing care quality assurance commission in the event a physician who has signed a joint practice arrangement, has a license with restrictions related to prescribing scheduled drugs.

(3) The advanced registered nurse practitioner can only begin prescribing Schedule II - IV drugs after his or her license endorsement has been issued and he or she has obtained the appropriate Drug Enforcement Administration registration.

[Statutory Authority: RCW 18.57.005 and 18.57.280. 01-16-008, § 246-853-223, filed 7/19/01, effective 8/19/01.]

**WAC 246-853-224 Process for joint practice arrangement termination.** (1) The joint practice arrangement between the advanced registered nurse practitioner and the physician shall provide for written notice of termination of the arrangement. The nursing care quality assurance commission shall be notified of the termination. Once the joint practice arrangement is terminated, the advanced registered nurse practitioner must submit a new joint practice arrangement before resuming prescribing Schedule II - IV drugs.

(2) The nursing care quality assurance commission will notify either the medical quality assurance commission or the board of osteopathic medicine and surgery that the joint practice arrangement has been terminated.

(3) A joint practice arrangement may be terminated as a result of disciplining action taken by a disciplining authority.

(4) In the event either the advanced registered nurse practitioner or the physician is disciplined, the disciplining authority for the other party will be notified that the joint practice arrangement no longer exists due to disciplinary action.

(5) If an advanced registered nurse practitioner has multiple approved joint practice arrangements and one is terminated, he or she may continue to prescribe Schedule II - IV drugs under the other joint practice arrangement(s).

[Statutory Authority: RCW 18.57.005 and 18.57.280. 01-16-008, § 246-853-224, filed 7/19/01, effective 8/19/01.]

**WAC 246-853-225 Seventy-two-hour limit.** (1) Advanced registered nurse practitioners can dispense up to a seventy-two-hour supply of Schedule II - IV drugs.

(2) The seventy-two-hour limit on dispensing does not apply to prescribing Schedule II - IV drugs.

[Statutory Authority: RCW 18.57.005 and 18.57.280. 01-16-008, § 246-853-225, filed 7/19/01, effective 8/19/01.]

[Title 246 WAC—p. 1192]

**WAC 246-853-226 Education for prescribing Schedule II - IV drugs.** Special education for advanced registered nurse practitioners is strongly recommended in the areas of pain management and drug seeking behaviors and/or addiction. Continuing education credit in these subjects may be applied to the biennial pharmacotherapeutics requirement found in WAC 246-840-450.

[Statutory Authority: RCW 18.57.005 and 18.57.280. 01-16-008, § 246-853-226, filed 7/19/01, effective 8/19/01.]

**WAC 246-853-227 Jurisdiction.** Nothing in WAC 246-853-221 through 246-853-226 shall be interpreted as giving a disciplining authority jurisdiction over a practitioner not licensed by that commission or board.

[Statutory Authority: RCW 18.57.005 and 18.57.280. 01-16-008, § 246-853-227, filed 7/19/01, effective 8/19/01.]

**WAC 246-853-230 AIDS education and training.** Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-853-230, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-230, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-853-230, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138-350, filed 11/23/88.]

**WAC 246-853-260 USMLE examination application deadline.** (1) All applications for osteopathic physician and surgeon license by USMLE examination in the state of Washington shall be received in the office of the health professions quality assurance division, department of health, no later than September 12 for the following December examination and March 29 for the following June examination.

An applicant with extenuating circumstances for being unable to meet the deadline may petition the board for waiver of the deadline date.

(2) The examination application and fee shall be required to be received in the office of the board's designated testing administration agency no later than September 12 for the following December examination and March 29 for the following June examination.

[Statutory Authority: RCW 18.57.005 and 18.130.050. 94-15-068, § 246-853-260, filed 7/19/94, effective 8/19/94. Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-260, filed 4/25/91, effective 5/26/91.]

**WAC 246-853-290 Intent.** It is the intent of the legislature that the board of osteopathic medicine and surgery seek ways to identify and support the rehabilitation of osteopathic physicians and surgeons and osteopathic physician assistants where practice or competency may be impaired due to the abuse of drugs or alcohol. The legislature intends that these practitioners be treated so that they can return to or continue to practice osteopathic medicine and surgery in a way which safeguards the public. The legislature specifically intends that the board of osteopathic medicine and surgery establish an alternate program to the traditional administrative proceedings against osteopathic physicians and surgeons and osteopathic physician assistants.

In lieu of disciplinary action under RCW 18.130.160 and if the board of osteopathic medicine and surgery determines

that the unprofessional conduct may be the result of substance abuse, the board may refer the registrant/licensee to a voluntary substance abuse monitoring program approved by the board.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-290, filed 4/25/91, effective 5/26/91.]

**WAC 246-853-300 Definitions used relative to substance abuse monitoring.** (1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and rules established by the board, according to the Washington Administrative Code, which enters into a contract with osteopathic practitioners who have substance abuse problems. The approved substance abuse monitoring program oversees compliance of the osteopathic practitioner's recovery activities as required by the board. Substance abuse monitoring programs may provide evaluation and/or treatment to participating osteopathic practitioners.

(2) "Impaired osteopathic practitioner" means an osteopathic physician and surgeon or an osteopathic physician assistant who is unable to practice osteopathic medicine and surgery with judgment, skill, competence, or safety due to chemical dependence, mental illness, the aging process, loss of motor skills, or any other mental or physical condition.

(3) "Contract" is a comprehensive, structured agreement between the recovering osteopathic practitioner and the approved monitoring program wherein the osteopathic practitioner consents to comply with the monitoring program and the required components for the osteopathic practitioner's recovery activity.

(4) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services as specified in RCW 18.130.175.

(5) "Chemical dependence/substance abuse" means a chronic progressive illness which involves the use of alcohol and/or other drugs to a degree that it interferes in the functional life of the registrant/licensee, as manifested by health, family, job (professional services), legal, financial, or emotional problems.

(6) "Drug" means a chemical substance alone or in combination, including alcohol.

(7) "Aftercare" means that period of time after intensive treatment that provides the osteopathic practitioner and the osteopathic practitioner's family with group, or individualized counseling sessions, discussions with other families, ongoing contact and participation in self-help groups, and ongoing continued support of treatment program staff.

(8) "Practitioner support group" is a group of osteopathic practitioners and/or other health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced facilitator in which participants may safely discuss drug diversion, licensure issues, return to work, and other professional issues related to recovery.

(9) "Twelve-step groups" are groups such as Alcoholics Anonymous, Narcotics Anonymous, and similar organizations.

(10) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the

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person to be tested. The collection of the body fluids must be observed by a treatment or health care professional or other board or monitoring program-approved observer.

(11) "Recovering" means that a chemically dependent osteopathic practitioner is in compliance with a treatment plan of rehabilitation in accordance with criteria established by an approved treatment facility and an approved substance abuse monitoring program.

(12) "Rehabilitation" means the process of restoring a chemically dependent osteopathic practitioner to a level of professional performance consistent with public health and safety.

(13) "Reinstatement" means the process whereby a recovering osteopathic practitioner is permitted to resume the practice of osteopathic medicine and surgery.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-300, filed 4/25/91, effective 5/26/91.]

**WAC 246-853-310 Approval of substance abuse monitoring programs.** The board will approve the monitoring program(s) which will participate in the recovery of osteopathic practitioners. The board will enter into a contract with the approved substance abuse monitoring program(s) on an annual basis.

(1) An approved monitoring program may provide evaluations and/or treatment to the participating osteopathic practitioners.

(2) An approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of osteopathic medicine and surgery as defined in chapter 18.57 RCW to be able to evaluate:

- (a) Drug screening laboratories;
- (b) Laboratory results;
- (c) Providers of substance abuse treatment, both individual and facilities;
- (d) Osteopathic practitioner support groups;
- (e) Osteopathic practitioners' work environment; and
- (f) The ability of the osteopathic practitioners to practice with reasonable skill and safety.

(3) An approved monitoring program will enter into a contract with the osteopathic practitioner and the board to oversee the osteopathic practitioner's compliance with the requirement of the program.

(4) The program staff of the approved monitoring program will evaluate and recommend to the board, on an individual basis, whether an osteopathic practitioner will be prohibited from engaging in the practice of osteopathic medicine and surgery for a period of time and restrictions, if any, on the osteopathic practitioner's access to controlled substances in the work place.

(5) An approved monitoring program shall maintain records on participants.

(6) An approved monitoring program will be responsible for providing feedback to the osteopathic practitioner as to whether treatment progress is acceptable.

(7) An approved monitoring program shall report to the board any osteopathic practitioner who fails to comply with the requirements of the monitoring program.

(8) An approved monitoring program shall provide the board with a statistical report on the program, including

progress of participants, at least annually, or more frequently as requested by the board.

(9) The board shall provide the approved monitoring program guidelines on treatment, monitoring, and/or limitations on the practice of osteopathic medicine and surgery for those participating in the program.

(10) An approved monitoring program shall provide for the board a complete financial breakdown of cost for each individual osteopathic practitioner participant by usage at an interval determined by the board in the annual contract.

(11) An approved monitoring program shall provide for the board a complete annual audited financial statement.

(12) An approved monitoring program shall enter into a written contract with the board and submit monthly billing statements supported by documentation.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-310, filed 4/25/91, effective 5/26/91.]

**WAC 246-853-320 Participation in approved substance abuse monitoring program.** (1) The osteopathic practitioner who has been investigated by the board may accept board referral into the approved substance abuse monitoring program. This may occur as a result of disciplinary action.

(a) The osteopathic practitioner shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation is to be performed by a health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not be the provider of the recommended treatment.

(b) The osteopathic practitioner shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The osteopathic practitioner will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The osteopathic practitioner shall agree to abstain from the use of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101. Said prescriber shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided.

(iii) The osteopathic practitioner must complete the prescribed aftercare program of the intensive treatment facility. This may include individual and/or group psychotherapy.

(iv) The osteopathic practitioner must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the appropriate monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc.

(v) The osteopathic practitioner shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program.

(vi) The osteopathic practitioner shall attend osteopathic practitioner support groups facilitated by health care professionals and/or twelve-step group meetings as specified by the contract.

(vii) The osteopathic practitioner shall comply with specified employment conditions and restrictions as defined by the contract.

(viii) The osteopathic practitioner shall sign a waiver allowing the approved monitoring program to release information to the board if the osteopathic practitioner does not comply with the requirements of the contract.

(c) The osteopathic practitioner is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random urine screens, and other personal expenses incurred in compliance with the contract.

(d) The osteopathic practitioner may be subject to disciplinary action under RCW 18.130.160 and 18.130.180 if the osteopathic practitioner does not consent to be referred to the approved monitoring program, does not comply with specified practice restrictions, or does not successfully complete the program.

(2) An osteopathic practitioner who is not being investigated by the board or subject to current disciplinary action, not currently being monitored by the board for substance abuse, may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 and 18.130.180 for their substance abuse, and shall not have their participation made known to the board if they continue to satisfactorily meet the requirements of the approved monitoring program:

(a) The osteopathic practitioner shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by a health care professional with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The osteopathic practitioner shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The osteopathic practitioner will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The osteopathic practitioner will agree to abstain from the use of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101. Said prescriber shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided.

(iii) The osteopathic practitioner must complete the prescribed aftercare program of the intensive treatment facility. This may include individual and/or group psychotherapy.

(iv) The osteopathic practitioner must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc.

(v) The osteopathic practitioner shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program.

(vi) The osteopathic practitioner will attend practitioner support groups facilitated by a health care professional and/or twelve-step group meetings as specified by the individual's contract.

(vii) The osteopathic practitioner will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The osteopathic practitioner shall sign a waiver allowing the approved monitoring program to release information to the board if the osteopathic practitioner does not comply with the requirements of the contract. The osteopathic practitioner may be subject to disciplinary action under RCW 18.130.160 and 18.130.180 for noncompliance with the contract or if he/she does not successfully complete the program.

(c) The osteopathic practitioner is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random urine screens, and other personal expenses incurred in compliance with the contract.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-320, filed 4/25/91, effective 5/26/91.]

**WAC 246-853-330 Confidentiality.** (1) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in WAC 246-853-320. Records held by the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

(2) Notwithstanding subsection (1) of this section, board orders shall be subject to RCW 42.17.250 through 42.17.450.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-330, filed 4/25/91, effective 5/26/91.]

**WAC 246-853-340 Examination appeal procedures.**

(1) Any candidate who takes and does not pass the osteopathic practices and principles examination, may request review of the results of the examination by the Washington state board of osteopathic medicine and surgery.

(a) The board will not modify examination results unless the candidate presents clear and convincing evidence of error in the examination content or procedure, or bias, prejudice, or discrimination in the examination process.

(b) The board will not consider any challenges to examination scores unless the total of the potentially revised score would result in issuance of a license.

(2) The procedure for requesting an informal review of examination results is as follows:

(a) The request must be in writing and must be received by the department within thirty days of the date on the letter of notification of examination results sent to the candidate.

(b) The following procedures apply to an appeal of the results of the written examination.

(i) In addition to the written request required in (a) of this subsection, the candidate must appear personally in the department office in Olympia for an examination review session. The candidate must contact the department to make an appointment for the examination review session.

(ii) The candidate's incorrect answers will be available during the review session. The candidate will be given a form to complete in defense of the examination answers. The candidate must specifically identify the challenged questions on the examination and must state the specific reason(s) why the candidate believes the results should be modified.

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(iii) The candidate may not bring in any resource material for use while completing the informal review form.

(iv) The candidate will not be allowed to remove any notes or materials from the office upon completing the review session.

(c) The board will schedule a closed session meeting to review the examinations, score sheets, and forms completed by the candidate. The candidate will be notified in writing of the board's decision.

(i) The candidate will be identified only by candidate number for the purpose of this review.

(ii) Letters of referral or requests for special consideration will not be read or considered by the board.

(d) Any candidate not satisfied with the results of the informal examination review may request a formal hearing before the board to challenge the examination results.

(3) The procedures for requesting a formal hearing are as follows:

(a) The candidate must complete the informal review process before requesting a formal hearing.

(b) The request for formal hearing must be received by the department within twenty days of the date on the notice of the results of the board's informal review.

(c) The written request must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate believes the examination results should be modified.

(d) Candidates will receive at least twenty days notice of the time and place of the formal hearing.

(e) The hearing will be restricted to the specific portion(s) of the examination the candidate had identified in the request for formal hearing.

(f) The formal hearing will be conducted pursuant to the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-340, filed 4/25/91, effective 5/26/91.]

**WAC 246-853-350 Examination conduct.** Any applicant who fails to follow written or oral instructions relative to the conduct of the examination, is observed talking or attempting to give or receive information, or use unauthorized materials during any portion of the examination will be terminated from the examination and not permitted to complete it.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-350, filed 4/25/91, effective 5/26/91.]

**WAC 246-853-400 Brief adjudicative proceedings—Denials based on failure to meet education, experience, or examination prerequisites for licensure.** The board adopts RCW 34.05.482 and 34.05.485 through 34.05.494 for adjudicative proceedings requested by applicants, who are denied a license under chapters 18.57 and 18.57A RCW for failure to meet the education, experience, or examination prerequisites for licensure. The sole issue at the adjudicative proceeding shall be whether the applicant meets the education, experience, and examination prerequisites for the issuance of a license.

[Statutory Authority: RCW 18.57.005 and chapter 18.57 RCW. 92-20-001 (Order 303B), § 246-853-400, filed 9/23/92, effective 10/24/92.]

**WAC 246-853-500 Adjudicative proceedings.** The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.57.005 and 18.130.050. 94-15-068, § 246-853-500, filed 7/19/94, effective 8/19/94.]

**WAC 246-853-990 Osteopathic fees and renewal cycle.** (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2, except postgraduate training limited licenses.

(2) Postgraduate training limited licenses must be renewed every year to correspond to program dates.

(3) The following nonrefundable fees will be charged for osteopath:

Title of Fee	Fee
Active renewal	\$475.00
Active late renewal penalty	237.50
Certification of license	50.00

(4) The following nonrefundable fees will be charged for osteopathic physician:

Endorsement application	650.00
Active license renewal	475.00
Active late renewal penalty	237.50
Active expired license reissuance	237.50
Inactive license renewal	350.00
Expired inactive license reissuance	175.00
Inactive late renewal penalty	175.00
Endorsement/state exam application	750.00
Reexam	100.00
Certification of license	50.00
Limited license application	300.00
Limited license renewal	250.00
Temporary permit application	70.00
Duplicate certificate	20.00
Substance abuse monitoring surcharge	25.00

(5) The following nonrefundable fees will be charged for osteopathic physician assistant:

Application	250.00
Renewal	200.00
Late renewal penalty	100.00
Expired license reissuance	100.00
Certification of license	30.00
Practice plan	70.00
Interim permit	167.00
License after exam	83.00
Duplicate certificate	20.00
Substance abuse monitoring surcharge	25.00

[Statutory Authority: RCW 43.70.250. 99-24-063, § 246-853-990, filed 11/29/99, effective 12/30/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-853-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250 and chapters 18.57, 18.57A, 18.22 and 18.59 RCW. 94-22-055, § 246-853-990, filed 11/1/94, effective 1/1/95. Statutory Authority: RCW 43.70.250. 92-14-054 (Order 281), § 246-853-990, filed 6/25/92, effective 7/26/92; 91-21-034 (Order 200), § 246-853-990, filed 10/10/91, effective 11/10/91; 91-13-002 (Order 173), § 246-853-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-853-990, filed 12/27/90, effective 1/31/91. Statu-

tory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-138-080, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 87-10-028 (Order PM 650), § 308-138-080, filed 5/1/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-138-080, filed 8/10/83. Formerly WAC 308-138-060.]

## Chapter 246-854 WAC

### OSTEOPATHIC PHYSICIANS' ASSISTANTS

#### WAC

246-854-020	Osteopathic physician assistant program.
246-854-030	Osteopathic physician assistant prescriptions.
246-854-040	Osteopathic physician assistant use of drugs or autotransfusion to enhance athletic ability.
246-854-050	AIDS education and training.
246-854-060	Application for licensure.
246-854-080	Osteopathic physician assistant licensure.
246-854-090	Osteopathic physician assistant practice plan.
246-854-110	Osteopathic physician assistant continuing education required.
246-854-115	Categories of creditable continuing professional education activities.

#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-854-070	Registration renewal requirement. [Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-854-070, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138A-060, filed 11/23/88.] Repealed by 91-20-120 (Order 199B), filed 9/30/91, effective 10/31/91. Statutory Authority: RCW 18.57.005.
246-854-100	Osteopathic physicians' assistants reregistration. [Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-854-100, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2). 89-22-065 (Order PM 863), § 308-138A-090, filed 10/31/89, effective 12/1/89.] Repealed by 93-24-028, filed 11/22/93, effective 12/23/93. Statutory Authority: RCW 18.57.005.

**WAC 246-854-020 Osteopathic physician assistant program.** (1) Program approval required. No osteopathic physician assistant shall be entitled to licensure who has not successfully completed a program of training approved by the board in accordance with these rules.

(2) Program approval procedures. In order for a program for training osteopathic physician assistants to be considered for approval by the board it must meet the minimal criteria for such programs established by the committee on allied health education and Accreditation Association of the American Medical Association as of 1985. The director of the program shall submit to the board a description of the course of training offered, including subjects taught and methods of teaching, entrance requirements, clinical experience provided, etc. The director shall also advise the board concerning the basic medical skills which are attained in such course, and the method by which the proficiency of the students in those skills was tested or ascertained. All program applications shall be submitted at least thirty days prior to the meeting of the board in which consideration is desired. The board may require such additional information from program sponsors as it desires.

(3) Approved programs. The board shall approve programs in terms of skills attained by its graduates. A registry of approved programs shall be maintained by the board at health professions quality assurance division in Olympia, Washington, which shall be available upon request to interested persons.

(4) Reapproval. Programs maintaining standards as defined in the "essentials" of the council of medical education of the American Medical Association will continue to be approved by the board without further review. Each approved program not maintaining the standards as defined in the "essentials" of the council of medical education of the American Medical Association will be reexamined at intervals, not to exceed three years. Approval will be continued or withdrawn following each reexamination.

(5) Additional skills. No osteopathic physician's assistant shall be licensed to perform skills not contained in the program approved by the board unless the osteopathic physician's assistant submits with his or her application a certificate by the program director or other acceptable evidence showing that he or she was trained in the additional skill for which authorization is requested, and the board is satisfied that the applicant has the additional skill and has been properly and adequately tested thereon.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-020, filed 11/22/93, effective 12/23/93; 91-20-120 (Order 199B), § 246-854-020, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-854-020, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2). 89-22-065 (Order PM 863), § 308-138A-020, filed 10/31/89, effective 12/1/89. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1). 88-14-113 (Order 745), § 308-138A-020, filed 7/6/88. Statutory Authority: RCW 18.57A.020, 18.57.005 and 18.130.050. 88-09-030 (Order PM 723), § 308-138A-020, filed 4/15/88. Statutory Authority: RCW 18.57A.020. 87-20-099 (Order PM 671), § 308-138A-020, filed 10/7/87. Statutory Authority: RCW 18.57.005. 87-13-004 (Order PM 655), § 308-138A-020, filed 6/4/87. Statutory Authority: RCW 18.57A.020. 83-16-024 (Order PL 440), § 308-138A-020, filed 7/27/83. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138A-020, filed 8/5/82. Formerly WAC 308-138-020.]

**WAC 246-854-030 Osteopathic physician assistant prescriptions.** An osteopathic physician assistant may issue written or oral prescriptions as provided herein when approved by the board and assigned by the supervising physician.

(1) Except for schedule two controlled substances as listed under federal and state controlled substances acts, a physician assistant may issue prescriptions for a patient who is under the care of the physician responsible for the supervision of the physician assistant.

(a) Written prescriptions shall be written on the blank of the supervising physician and shall include the name, address and telephone number of the physician and physician assistant. The prescription shall also bear the name and address of the patient and the date on which the prescription was written.

(b) The physician assistant shall sign such a prescription by signing his or her own name followed by the letters "P.A." and the physician assistant license number or physician assistant drug enforcement administration registration number or, if none, the supervising physician's drug enforcement administration registration number, followed by the initials "P.A." and the physician assistant license number issued by the board.

(c) Prescriptions for legend drugs and schedule three through five controlled substances must each be approved or signed by the supervising physician prior to administration, dispensing or release of the medication to the patient, except as provided in subsection (5) of this section.

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(2) A physician assistant extended privileges by a hospital, nursing home or other health care institution may, if permissible under the bylaws, rules and regulations of the institution, write medical orders, except those for schedule two controlled substances, for inpatients under the care of the physician responsible for his or her supervision.

(3) The license of a physician assistant who issues a prescription in violation of these provisions shall be subject to revocation or suspension.

(4) Physician assistants may not dispense prescription drugs to exceed treatment for forty-eight hours, except as provided in subsection (6) of this section. The medication so dispensed must comply with the state law prescription labeling requirements.

(5) Authority to issue prescriptions for legend drugs and schedule three through five controlled substances without the prior approval or signature of the supervising physician may be granted by the board to an osteopathic physician assistant who has:

(a) Provided a statement signed by the supervising physician that he or she assumes full responsibility and that he or she will review the physician assistant's prescription writing practice on an ongoing basis;

(b) A certificate from the National Commission on Certification of Physician Assistants';

(c) Demonstrated the necessity in the practice for authority to be granted permitting a physician assistant to issue prescriptions without prior approval or signature of the supervising physician.

(6) A physician assistant authorized to issue prescriptions under subsection (5) of this section may dispense medications the physician assistant has prescribed from office supplies. The physician assistant shall comply with the state laws concerning prescription labeling requirements.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-030, filed 11/22/93, effective 12/23/93; 91-20-120 (Order 199B), § 246-854-030, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-854-030, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020, 18.57.005 and 18.130.050. 89-23-067 (Order 018), § 308-138A-025, filed 11/15/89, effective 12/16/89; 88-09-030 (Order PM 723), § 308-138A-025, filed 4/15/88. Statutory Authority: RCW 18.57A.020. 87-20-099 (Order PM 671), § 308-138A-025, filed 10/7/87. Statutory Authority: RCW 18.57.005, 18.57A.020 and 18.57A.070. 84-05-011 (Order PL 457), § 308-138A-025, filed 2/7/84. Statutory Authority: RCW 18.57A.020. 83-16-024 (Order PL 440), § 308-138A-025, filed 7/27/83. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138A-025, filed 8/5/82. Formerly WAC 308-138-025.]

**WAC 246-854-040 Osteopathic physician assistant use of drugs or autotransfusion to enhance athletic ability.**

(1) An osteopathic physician assistant shall not prescribe, administer, or dispense anabolic steroids, growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), other hormones, or any form of autotransfusion for the purpose of enhancing athletic ability and/or for nontherapeutic cosmetic appearance.

(2) A physician assistant shall complete and maintain patient medical records which accurately reflect the prescription, administering, or dispensing of any substance or drug described in this section or any form of autotransfusion. Patient medical records shall indicate the diagnosis and purpose for which the substance, drug, or autotransfusion is pre-

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scribed, administered, or dispensed and any additional information upon which the diagnosis is based.

(3) A violation of any provision of this section shall constitute grounds for disciplinary action under RCW 18.130.-180(7). A violation of subsection (1) of this section shall also constitute grounds for disciplinary action under RCW 18.130.180(6).

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-040, filed 11/22/93, effective 12/23/93; 90-24-055 (Order 100B), recodified as § 246-854-040, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1). 88-21-081 (Order PM 780), § 308-138A-030, filed 10/19/88.]

#### **WAC 246-854-050 AIDS education and training.**

Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-854-050, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-050, filed 11/22/93, effective 12/23/93; 91-20-120 (Order 199B), § 246-854-050, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-854-050, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138A-040, filed 11/23/88.]

**WAC 246-854-060 Application for licensure.** Effective January 1, 1989, persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 246-854-050.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-060, filed 11/22/93, effective 12/23/93; 91-20-120 (Order 199B), § 246-854-060, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-854-060, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138A-050, filed 11/23/88.]

**WAC 246-854-080 Osteopathic physician assistant licensure.** The application shall detail the education, training, and experience of the osteopathic physician assistant and provide such other information as may be required. The application shall be accompanied by a fee determined by the secretary as provided in RCW 43.70.250. Each applicant shall furnish proof satisfactory to the board of the following:

- (1) That the applicant has completed an accredited physician assistant program approved by the board and is eligible to take the National Commission on Certification of Physician Assistants examination;
- (2) That the applicant has not committed unprofessional conduct as defined in RCW 18.130.180; and
- (3) That the applicant is physically and mentally capable of practicing as an osteopathic physician assistant with reasonable skill and safety.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-854-080, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.57.005 and 18.130.050. 94-15-068, § 246-854-080, filed 7/19/94, effective 8/19/94. Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-080, filed 11/22/93, effective 12/23/93; 90-24-055 (Order 100B), recodified as § 246-854-080, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2). 89-22-065 (Order PM 863), § 308-138A-070, filed 10/31/89, effective 12/1/89.]

**WAC 246-854-090 Osteopathic physician assistant practice plan.** (1) A licensed physician assistant shall not practice except pursuant to a board approved practice arrangement plan jointly submitted by the osteopathic physi-

cian assistant and osteopathic physician or physician group under whose supervision the osteopathic physician assistant will practice. A fee as determined by the secretary of the department of health sufficient to recover the cost of administering the plan review shall accompany the practice plan.

(2) When a physician group is proposed to supervise the osteopathic physician assistant, one of the osteopathic physicians from that group shall be designated as primary responsible for the supervision of the osteopathic physician assistant and the plan shall specify how supervising responsibility is to be assigned among the remaining members of the group.

(3) Limitations, number. No osteopathic physician shall supervise more than one osteopathic physician assistant without specific authorization by the board. The board shall consider the individual qualifications and experience of the physician and physician assistant, community need, and review mechanisms available in making their determination.

(4) Authorization by board, powers. In granting authorizations for the practice plan, the board may limit the authority for utilizing an osteopathic physician assistant to a specific task or tasks, or may grant specific approval in conformity with the program approved pursuant to WAC 246-854-020 and on file with the board.

(5) Limitations—Geographic limitations. No osteopathic physician assistant shall be utilized in a place other than that designated in the practice plan.

(6) Limitations—Remote practice. A practice plan proposing utilization of an osteopathic physician assistant at a place remote from the physician's regular place for meeting patients may be approved only if:

- (a) There is a demonstrated need for such utilization; and
- (b) Adequate provision for immediate communication between the physician and his physician assistant exists; and
- (c) A mechanism has been developed and specified in the practice plan to provide for the establishment of a direct patient-physician relationship between the supervising osteopathic physician and patients with ongoing medical needs who may be seen initially by the osteopathic physician assistant; and

(d) The responsible physician spends at least one-half day per week seeing patients in the remote office site; and

(e) The remote office site reflects the osteopathic physician assistant and osteopathic physician relationship by specifying such relationship on office signs, office stationery, advertisements, billing forms, and other communication with patients or the public.

(7) Limitations, hospital functions. An osteopathic physician assistant working in or for a hospital, clinic or other health organization shall be licensed in the same manner as any other osteopathic physician assistant. His/her responsibilities, if any, to other physicians must be defined in the board approved practice plan.

(8) Limitations, trainees. An individual enrolled in a training program for physician assistants may function only in direct association with his/her preceptorship physician or a delegated alternate physician in the immediate clinical setting or, as in the case of specialized training in a specific area, an alternate preceptor approved by the program. They may not function in a remote location or in the absence of the preceptor.

(9) Supervising osteopathic physician, responsibility. It shall be the responsibility of the supervising osteopathic physician to see to it that:

(a) Any osteopathic physician assistant at all times when meeting or treating patient(s) wears a placard or other identifying plate in a prominent place upon his or her person identifying him or her as a physician assistant;

(b) No osteopathic physician assistant represents himself or herself in any manner which would tend to mislead anyone that he or she is a physician;

(c) That the osteopathic physician assistant performs only those tasks which he or she is authorized to perform under the authorization granted by the board;

(d) All EKG's and x-rays and all abnormal laboratory tests shall be reviewed by the physician within twenty-four hours;

(e) The charts of all patients seen by the osteopathic physician assistant shall be reviewed, countersigned and dated within one week by the supervising osteopathic physician or in the case of a physician group, the designated supervising physician as outlined in the practice plan;

(f) All telephone advice given by the supervising osteopathic physician, alternate supervising physician, or member of a supervising physician group through the physician assistant shall be documented, reviewed, countersigned, and dated by the advising physician within one week;

(g) The supervising osteopathic physician shall advise the board of the termination date of the working relationship. The notification shall include a written report providing the reasons for termination and an evaluation of the osteopathic physician assistant's performance.

(10) Alternate physician, supervisor—Approved by board. In the temporary absence of the supervising osteopathic physician, the osteopathic physician assistant may carry out those tasks for which he is licensed, if the supervisory and review mechanisms are provided by a delegated alternate osteopathic physician supervisor. If an alternate osteopathic physician is not available in the community or practice, the board may authorize a physician licensed under chapter 18.71 RCW or physician group to act as the alternate physician supervisor specified on the board approved practice plan.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-090, filed 11/22/93, effective 12/23/93; 90-24-055 (Order 100B), recodified as § 246-854-090, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2). 89-22-065 (Order PM 863), § 308-138A-080, filed 10/31/89, effective 12/1/89.]

**WAC 246-854-110 Osteopathic physician assistant continuing education required.** (1) Licensed osteopathic physician assistants must complete fifty hours of continuing education annually as required in chapter 246-12 WAC, Part 7.

(2) Certification of compliance with the requirement for continuing education of the American Osteopathic Association, Washington State Osteopathic Association, National Commission on Certification of Physician Assistants, Washington Academy of Physician Assistants, American Academy of Physician's Assistants, and the American Medical Association, or a recognition award or a current certification of continuing education from medical practice academies

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shall be deemed sufficient to satisfy the requirements of these regulations.

(3) In the case of a permanent retirement or illness, the board may grant indefinite waiver of continuing education as a requirement for licensure, provided an affidavit is received indicating that the osteopathic physician assistant is not providing osteopathic medical services to consumers. If such permanent retirement or illness status is changed or osteopathic medical services are resumed, it is incumbent upon the licensee to immediately notify the board and show proof of practice competency as determined necessary by the board.

(4) Prior approval not required.

(a) The Washington state board of osteopathic medicine and surgery does not approve credits for continuing education. The board will accept any continuing education that reasonably falls within these regulations and relies upon each individual osteopathic physician assistant's integrity in complying with this requirement.

(b) Continuing education program sponsors need not apply for nor expect to receive prior board approval for continuing education programs. The continuing education category will depend solely upon the determination of the accrediting organization or institution. The number of creditable hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-854-110, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-110, filed 11/22/93, effective 12/23/93.]

**WAC 246-854-115 Categories of creditable continuing professional education activities.** The following are categories of creditable continuing education activities approved by the board. The credits must be earned in the twelve-month period preceding application for renewal of licensure. One clock hour shall equal one credit hour for the purpose of satisfying the fifty hour continuing education requirement.

Category 1 - A minimum of thirty credit hours are mandatory under this category.

1-A Formal educational program sponsored by nationally recognized organizations or institutions which have been approved by the American Osteopathic Association, Washington State Osteopathic Association, Washington Academy of Physician Assistants, National Commission on Certification of Physician Assistants, American Medical Association, and the American Academy of Physician's Assistants.

1-B Preparation in publishable form of an original scientific paper.

a. A maximum of five credit hours for initial presentation or publication of a paper in a professional journal.

1-C Serving as a teacher, lecturer, preceptor or a moderator-participant in a formal educational program or preparation and scientific presentation at a formal educational program sponsored by one of the organizations or institutions specified in Category 1-A. One hour credit per each hour of instruction may be claimed.

a. A maximum of five credit hours per year.

Category 2 - Home study.

2-A A maximum of twenty credit hours per year may be granted.

- a. Reading - Medical journals and quizzes.
  - 1) One-half credit hour per issue
  - 2) One-half credit hour per quiz
- b. Listening - audio tape programs.
  - 1) One-half credit hour per tape program
  - 2) One-half credit hour per tape program quiz
- c. Other - subject - oriented and refresher home study courses.
  - 1) Credit hours indicated by sponsor will be accepted
  - 2-B Preparation and presentation of a scientific exhibit at professional meetings.
    - a. Maximum of five credit hours per exhibit per year.
  - 2-C Observation at medical centers; programs dealing with experimental and investigative areas of medical practice and programs conducted by nonrecognized sponsors.
    - a. Maximum of five credit hours per year.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-115, filed 11/22/93, effective 12/23/93.]

### Chapter 246-855 WAC

#### OSTEOPATHIC PHYSICIANS' ACUPUNCTURE ASSISTANTS

##### WAC

246-855-010	Acupuncture—Definition.
246-855-020	Acupuncture assistant education.
246-855-030	Acupuncture—Program approval.
246-855-040	Osteopathic acupuncture physicians' assistant's examination.
246-855-050	Investigation.
246-855-060	English fluency.
246-855-070	Supervising physicians' knowledge of acupuncture.
246-855-080	Utilization.
246-855-090	Prohibited techniques and tests.
246-855-100	AIDS education and training.
246-855-110	Application for registration.

##### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-855-120	Registration renewal requirement. [Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-120, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604, 88-23-124 (Order PM 801), § 308-138B-200, filed 11/23/88.] Repealed by 91-20-120 (Order 199B), filed 9/30/91, effective 10/31/91. Statutory Authority: RCW 18.57.005.
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**WAC 246-855-010 Acupuncture—Definition.** Acupuncture is a traditional system of medical theory, oriental diagnosis and treatment used to promote health and treat organic or functional disorders, by treating specific acupuncture points or meridians. Acupuncture includes the following techniques:

- (a) Use of acupuncture needles to stimulate acupuncture points and meridians.
- (b) Use of electrical, mechanical or magnetic devices to stimulate acupuncture points and meridians.
- (c) Moxibustion.
- (d) Acupressure.
- (e) Cupping.
- (f) Gwa hsa (dermal friction technique).
- (g) Infrared.
- (h) Sonopuncture.
- (i) Laser puncture.
- (j) Dietary advice.

(k) Manipulative therapies.

(l) Point injection therapy (aqua puncture).

These terms are to be understood within the context of the oriental medical art of acupuncture and as the board defines them.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-010, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005, 18.57A.020 and 18.57A.070. 84-05-011 (Order PL 457), § 308-138B-165, filed 2/7/84.]

##### WAC 246-855-020 Acupuncture assistant education.

Each applicant for an authorization to perform acupuncture must present evidence satisfactory to the board which discloses in detail the formal schooling or other type of training the applicant has previously undertaken which qualifies him or her as a practitioner of acupuncture. Satisfactory evidence of formal schooling or other training may include, but is not limited to, certified copies of certificates or licenses which acknowledge that the person has the qualifications to practice acupuncture, issued to an applicant by the government of the Republic of China (Taiwan), People's Republic of China, Korea or Japan. Whenever possible, all copies of official diplomas, transcripts and licenses or certificates should be forwarded directly to the board from the issuing agency rather than from the applicant. Individuals not licensed by the listed countries must document their education by means of transcripts, diplomas, patient logs verified by the preceptor, or by other means requested by the board. Applicants for registration must have successfully completed the following training:

(1) The applicant must have completed a minimum of two academic years or 72 quarter credits of undergraduate college education in the general sciences and humanities prior to entering an acupuncture training program. The obtaining of a degree is not required for the educational credits to qualify. Credits granted by the college towards prior life experience will not be accepted under this requirement.

(2) The applicant must have successfully completed a course of didactic training in basic sciences and acupuncture over a period of two academic years. The basic science training must include a minimum of 250 hours or 21 quarter credits and include such subjects as anatomy, physiology, bacteriology, biochemistry, pathology, hygiene and a survey in Western clinical sciences. The basic science classes must be equivalent to courses given in accredited bachelor of science programs. The acupuncture training must include a minimum of 700 hours or 58 quarter credits in acupuncture theory, and acupuncture diagnosis and treatment techniques. The board will not accept credits obtained on the basis of challenging an exam. Transfer credits from accredited colleges or board approved acupuncture programs will be accepted.

(3) The applicant must have successfully completed a course of clinical training in acupuncture over a period of one academic year. The training must include a minimum of 100 hours or 9 quarter credits of observation, which shall include case presentation and discussion. The observation portion of the clinical training may be conducted during the didactic training but will be considered part of the clinical training for calculation of hours or credits. There must also be a minimum of 350 hours or 29 quarter credits of supervised prac-

tice, consisting of 400 separate patient treatments. A minimum of 120 different patients must have been treated.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-020, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020. 83-16-024 (Order PL 440), § 308-138B-100, filed 7/27/83. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-100, filed 8/5/82. Formerly WAC 308-138-100.]

**WAC 246-855-030 Acupuncture—Program approval.** (1) Procedure. The board will consider for approval any school, program, apprenticeship or tutorial which meets the requirements outlined in this regulation and provides the training required under WAC 246-855-020 - Acupuncture assistant education. Approval may be granted to an individual registration applicant's training, or to existing institutions which operate on a continuing basis. Clinical and didactic training may be approved as separate programs or as a joint program. The program approval process is as follows:

(a) Programs seeking approval shall file an application with the board in the format required by the board.

(b) The board will review the application and determine whether a site review is necessary (in the case of an institution) or an interview is appropriate (in the case of individual training) or approval may be granted on the basis of the application alone.

(c) The site review committee shall consist of two board members and one member of the board staff. The review committee may visit the program any time during school operating hours. The committee will report to the board in writing concerning the program's compliance with each section of the regulations.

(d) After reviewing all of the information collected concerning a program; the board may grant or deny approval, or grant approval conditional upon program modifications being made. In the event of denial or conditional approval, the program may request a hearing before the board. No approval shall be extended to an institution for more than three years, at which time a request for reapproval may be made.

(e) The board expects approved programs to not make changes which will result in the program not being in compliance with the regulations. Programs must notify the board concerning significant changes in administration, faculty or curriculum. The board may inspect the school at reasonable intervals to check for compliance. Program approval may be withdrawn, after a hearing, if the board finds the program no longer in compliance with the regulations.

(2) Didactic faculty. Didactic training may only be provided by persons who meet the criteria for faculty as stated in the council for postsecondary education's WAC 250-55-090 - Personal qualifications. Under no circumstances will an unregistered instructor perform or supervise the performance of acupuncture.

(3) Clinical faculty. Clinical training may be provided only by persons who meet the following criteria:

(a) The instructor must be a practitioner who has had a minimum of five years of full time acupuncture practice experience.

(b) If the training is conducted in this state, the practitioner must be registered to practice in this state. In the case of a

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school or program, the approval of the institution will include a review of the instructor's qualifications and the training arrangements. Approval of the instructors will extend to instruction conducted within the program.

(c) For training not conducted in this state to be acceptable, the instructor must be licensed by a state or country with equivalent license standards.

(4) Supervision of training. Clinical training in this state must be conducted under the general supervision of the instructor's sponsoring physician. During any given clinic period, the acupuncture instructor may not supervise more than four students. The number of students present during an observation session should be limited according to the judgment of the instructor. Supervision by the instructor during clinical training must be direct: Each diagnosis and treatment must be done with the knowledge and concurrence of the instructor. During at least the first 100 treatments, the instructor must be in the room during treatment. Thereafter, the instructor must at least be in the facility, available for consultation and assistance. An osteopathic physician may only supervise two acupuncture assistance instructors per clinical instruction period.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-855-030, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-855-030, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020. 83-16-024 (Order PL 440), § 308-138B-105, filed 7/27/83.]

**WAC 246-855-040 Osteopathic acupuncture physicians' assistant's examination.** (1) Applicants for registration who have not been issued a license or certificate to practice acupuncture from the governments listed in RCW 18.57A.070, or from a country or state with equivalent standards of practice determined by the board, must pass the Washington acupuncture examination.

(2) A written and practical examination in English shall be given twice yearly for qualified applicants at a time and place determined by the board and shall examine the applicants' knowledge of anatomy, physiology, bacteriology, biochemistry, pathology, hygiene and acupuncture.

(3) An applicant must be approved by the board at least forty-five days in advance of the scheduled examination date to be eligible to take the written portion of the examination. The applicant shall provide his or her own needles and other equipment necessary for demonstrating the applicant's skill and proficiency in acupuncture.

(4) An applicant must have successfully completed the written portion of the examination prior to being eligible for the practical examination.

(5) The passing score for the examination is a converted score of seventy-five.

(6) Applicants requesting to retake either the written or practical portion of the examination shall submit the request for reexamination at least forty-five days in advance of the scheduled examination date.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-040, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1). 88-21-081 (Order PM 780), § 308-138B-110, filed 10/19/88. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-110, filed 8/5/82. Formerly WAC 308-138-110.]

**WAC 246-855-050 Investigation.** An applicant for an authorization to perform acupuncture shall, as part of his or her application, furnish written consent to an investigation of his or her personal background, professional training and experience by the board or any person acting on its behalf.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-050, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-130, filed 8/5/82. Formerly WAC 308-138-130.]

**WAC 246-855-060 English fluency.** Each applicant must demonstrate sufficient fluency in reading, speaking and understanding the English language to enable the applicant to communicate with supervising physicians and patients concerning health care problems and treatment.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-060, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-140, filed 8/5/82. Formerly WAC 308-138-140.]

**WAC 246-855-070 Supervising physicians' knowledge of acupuncture.** Osteopathic physicians applying for authorization to utilize the services of an osteopathic physician's acupuncture assistant shall demonstrate to the board that the osteopathic physician possesses sufficient understanding of the application of acupuncture treatment, its contraindications and hazards so as to adequately supervise the practice of acupuncture.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-070, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-150, filed 8/5/82. Formerly WAC 308-138-150.]

**WAC 246-855-080 Utilization.** (1) Persons authorized as osteopathic physicians' acupuncture assistants shall be restricted in their activities to only those procedures which a duly licensed, supervising osteopathic physician may request them to do. Under no circumstances may an osteopathic physician's acupuncture assistant perform any diagnosis of patients or recommend or prescribe any forms of treatment or medication.

(2) An acupuncture assistant shall treat patients only under the direct supervision of a physician who is present on the same premises where the treatment is to be given.

(3) An osteopathic physician shall not employ or supervise more than one acupuncture assistant.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-080, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-160, filed 8/5/82. Formerly WAC 308-138-160.]

**WAC 246-855-090 Prohibited techniques and tests.** No osteopathic physician's acupuncture assistant may prescribe, order, or treat by any of the following means, modalities, or techniques:

- (1) Diathermy treatments
- (2) Ultrasound or sonopuncture treatments
- (3) Infrared treatments
- (4) Electromuscular stimulation for the purpose of stimulating muscle contraction
- (5) X-rays
- (6) Laboratory tests

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- (7) Laser puncture
- (8) Dietary therapy
- (9) Manipulative therapies
- (10) Point injection therapy (aqua puncture)
- (11) Herbal remedies.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-090, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020. 87-20-099 (Order PM 671), § 308-138B-170, filed 10/7/87. Statutory Authority: RCW 18.57.005, 18.57A.020 and 18.57A.070. 84-05-011 (Order PL 457), § 308-138B-170, filed 2/7/84. Statutory Authority: RCW 18.57A.020. 83-16-024 (Order PL 440), § 308-138B-170, filed 7/27/83. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-170, filed 8/5/82. Formerly WAC 308-138-170.]

**WAC 246-855-100 AIDS education and training.** Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-855-100, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-855-100, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-855-100, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138B-180, filed 11/23/88.]

**WAC 246-855-110 Application for registration.** Effective January 1, 1989, persons applying for registration shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 246-855-100.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-855-110, filed 9/30/91, effective 10/31/91; 90-24-055 (Order 100B), recodified as § 246-855-110, filed 12/3/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604. 88-23-124 (Order PM 801), § 308-138B-190, filed 11/23/88.]

## Chapter 246-856 WAC

### BOARD OF PHARMACY—GENERAL

#### WAC

246-856-001	Purpose.
246-856-020	Adjudicative proceedings—Procedural rules for the board of pharmacy.

**WAC 246-856-001 Purpose.** The purpose of this chapter is to combine the common rules adopted by the board of pharmacy for all holders of licenses, registrations and certifications, as well as any other authorizations, issued by the board of pharmacy.

[Statutory Authority: RCW 18.64.005. 94-17-144, § 246-856-001, filed 8/23/94 effective 9/23/94.]

**WAC 246-856-020 Adjudicative proceedings—Procedural rules for the board of pharmacy.** The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.64.005. 94-17-144, § 246-856-020, filed 8/23/94 effective 9/23/94.]

## Chapter 246-858 WAC

## PHARMACISTS—INTERNSHIP REQUIREMENTS

## WAC

246-858-020	General requirements.
246-858-030	Registration of interns.
246-858-040	Rules for the pharmacy intern.
246-858-050	Intern training reports.
246-858-060	Requirements for preceptor certification.
246-858-070	Rules for preceptors.
246-858-080	Special internship approval.

**WAC 246-858-020 General requirements.** (1) RCW 18.64.080(3) states: "Any person enrolled as a student of pharmacy in an accredited college may file with the department an application for registration as a pharmacy intern—." A student of pharmacy shall be defined as any person enrolled in a college or school of pharmacy accredited by the board of pharmacy or any graduate of any accredited college or school of pharmacy.

(2) As provided for in RCW 18.64.080(3) the board of pharmacy hereby establishes fifteen hundred hours for the internship requirement.

(a) For graduates prior to January 1, 1999, credit may be allowed:

(i) Up to seven hundred hours for experiential classes as part of the curriculum of an accredited college or school of pharmacy commonly referred to as externship/clerkship;

(ii) Eight hundred hours or more for experience obtained after completing the first quarter/semester of pharmacy education.

(b) For graduates after January 1, 1999, credit may be allowed:

(i) Up to twelve hundred hours of experiential classes as part of the curriculum of an accredited college or school of pharmacy commonly referred to as externship/clerkship;

(ii) Three hundred or more hours for experience obtained after completing the first quarter/semester of pharmacy education.

(c) The board will document hours in excess of these requirements for students qualifying for out-of-state licensure.

(3) An applicant for licensure as a pharmacist who has completed seven hundred internship hours will be permitted to take the state board examination for licensure; however, no pharmacist license will be issued to the applicant until the fifteen hundred internship hours have been completed. The hours must be completed and a pharmacist license issued within eighteen months of the date of graduation.

(4) To retain a certificate as a pharmacy intern, the intern must make continuing satisfactory progress in completing the pharmacy course.

(5) Experience must be obtained under the guidance of a preceptor who has met certification requirements prescribed in WAC 246-858-060 and has a certificate except as herein-after provided for experience gained outside the state of Washington.

(6) Experience obtained in another state may be accepted toward the fulfillment of the fifteen hundred hour requirement provided that a letter is received from the board of pharmacy of that state in which the experience is gained and such letter indicates the experience gained would have been

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acceptable internship experience to the board of pharmacy in that state.

[Statutory Authority: RCW 18.64.005. 96-02-006, § 246-858-020, filed 12/20/95, effective 1/20/96; 92-12-035 (Order 277B), § 246-858-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-858-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 88-06-060 (Order 211), § 360-10-010, filed 3/2/88; Order 139, § 360-10-010, filed 12/9/77; Order 106, § 360-10-010, filed 6/3/71; Regulation 48, § I, filed 6/17/66.]

**WAC 246-858-030 Registration of interns.** To register as a pharmacy intern, an applicant shall file with the department an application for registration as a pharmacy intern as provided for in RCW 18.64.080. The application shall be accompanied by a fee as specified in WAC 246-907-030. Prior to engaging in the practice of pharmacy as an intern or extern, under the supervision of a preceptor, the applicant must be registered by the board as a pharmacy intern.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-858-030, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-858-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 88-01-025 (Order 208), § 360-10-020, filed 12/9/87. Statutory Authority: RCW 18.64.005 and 18.64A.020. 83-18-021 (Order 175), § 360-10-020, filed 8/30/83; Order 106, § 360-10-020, filed 6/3/71; Regulation 48, § II, filed 6/17/66.]

**WAC 246-858-040 Rules for the pharmacy intern.**

(1) The intern shall send notification to the board of pharmacy on or before the intern's first day of training. Such notification shall consist of the date, the name of the pharmacy, and the name of the preceptor where the intern expects to begin his/her internship. The board of pharmacy shall promptly notify the intern of the acceptability of the preceptor under whom the intern expects to gain experience. Internship credit will not be accepted until the preceptor has been certified.

(2) The pharmacy intern shall engage in the practice of pharmacy, and the selling of items restricted to sale under the supervision of a licensed pharmacist, only while the intern is under the direct and personal supervision of a certified preceptor or a licensed pharmacist designated by the preceptor to supervise that intern during the preceptor's absence from the site. Provided, that hours of experience gained while the certified preceptor is absent from the site shall not be counted toward fulfilling any internship requirement.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-858-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-858-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-11-041 (Order 170B), § 360-10-030, filed 5/10/91, effective 6/10/91. Statutory Authority: RCW 18.64.005(11). 88-01-025 (Order 208), § 360-10-030, filed 12/9/87; Regulation 48, § III, filed 6/17/66.]

**WAC 246-858-050 Intern training reports.** (1) The intern shall file with the board on forms provided by the board an internship evaluation report at the completion of internship training experience at each site.

(2) The board of pharmacy shall provide the necessary affidavit forms to the intern for the purpose of certification of the hours of experience, which shall only include hours under the personal supervision of a preceptor. Affidavits must be certified and recorded in the office of the board of pharmacy

not later than thirty days after the completion of any site internship experience. Completion of any site experience is intended to mean those situations when neither the intern nor the preceptor anticipate further intern experience at some later date at that site.

(3) The intern's report and all or part of the hours covered by the period of the report can be rejected by the board if, for the period involved, the pharmacy intern has not performed the practice of pharmacy adequately.

(4) Certification of at least seven hundred hours must be submitted to the board office thirty days prior to licensing examination.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-858-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 88-01-025 (Order 208), § 360-10-040, filed 12/9/87; Order 106, § 360-10-040, filed 6/3/71; Order 102, § 360-10-040, filed 12/5/69; Regulation 48, § IV, filed 6/17/66.]

**WAC 246-858-060 Requirements for preceptor certification.** (1) A pharmacist who is licensed and actively engaged in practice in a Class A pharmacy in the state of Washington, and who has met certification requirements prescribed in this section of the regulation and who has completed a board approved training program within the last five years, and who has been certified by the board of pharmacy shall be known as "pharmacist preceptor." The requirement for completion of an approved training program becomes effective June 30, 1991.

(2) The pharmacist preceptor must have completed twelve months as a licensed pharmacist engaged in the practice of pharmacy as defined in RCW 18.64.011(11).

(3) Any preceptor or preceptor applicant who has been found guilty of a drug or narcotic violation or whose pharmacist license has been revoked, suspended, or placed on probation by the state board of pharmacy shall not be eligible for certification as a preceptor, until completion of the probationary period, and a showing of good cause for certification as a pharmacist preceptor.

(4) The preceptor shall be responsible for the quality of the internship training under his/her supervision and he/she shall assure that the intern actually engages in pharmaceutical activities during that training period.

(5) The board of pharmacy shall withdraw a preceptor's certification upon proof that the preceptor failed to meet or maintain the requirements as stated in this section.

(6) In considering the approval of special internship programs pursuant to WAC 246-858-080, the board may approve alternative qualification requirements for the preceptors of such programs.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-858-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-858-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 91-11-041 (Order 170B), § 360-10-050, filed 5/10/91, effective 6/10/91; 90-11-079 (Order 055), § 360-10-050, filed 5/16/90, effective 6/16/90. Statutory Authority: RCW 18.64.005(11), 88-06-060 (Order 211), § 360-10-050, filed 3/2/88; Order 106, § 360-10-050, filed 6/3/71; Regulation 48, § V, filed 6/17/66.]

**WAC 246-858-070 Rules for preceptors.** (1) The pharmacist preceptor, or his or her designee in accordance with WAC 246-858-040(2), shall supervise the pharmacy intern and shall be responsible for the sale of restricted items, and

the compounding and dispensing of pharmaceuticals dispensed by an intern.

(2) The pharmacist preceptor must use the board approved plan of instruction for interns.

(3) Upon completion of the intern's experience at each site, the preceptor under whom this experience was obtained shall file a report with the board. Such report shall briefly describe the type of professional experience received under the preceptor's supervision and the preceptor's evaluation of the intern's ability to practice pharmacy at that stage of internship.

(4) The board of pharmacy shall provide the necessary affidavit forms to certify hours of experience under the personal supervision of a preceptor. Affidavits must be certified and recorded in the office of the board not later than thirty days after the completion of any site intern experience; provided that any experience necessary for eligibility to take the licensing examination must be in the board office no later than thirty days prior to the examination.

(5) The pharmacist preceptor may supervise more than one intern during a given time period; however, two interns may not dispense concurrently under the direct supervision of the same preceptor.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-858-070, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-858-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 91-11-041 (Order 170B), § 360-10-060, filed 5/10/91, effective 6/10/91. Statutory Authority: RCW 18.64.005(11), 88-06-060 (Order 211), § 360-10-060, filed 3/2/88; Order 102, § 360-10-060, filed 12/5/69; Regulation 48, § VI, filed 6/17/66.]

**WAC 246-858-080 Special internship approval.** (1) The board will consider applications for approval of special internship programs. Such programs may be approved when the board determines that they offer a significant educational opportunity.

(2) Applications for special internship approval must be submitted at least thirty days prior to the next board meeting which will afford the board an opportunity to review the program.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-858-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 88-01-025 (Order 208), § 360-10-080, filed 12/9/87; Order 114, § 360-10-080, filed 6/28/73.]

## Chapter 246-861 WAC

### PHARMACISTS—PROFESSIONAL PHARMACEUTICAL EDUCATION

#### WAC

246-861-010	Definitions.
246-861-020	Renewal requirements.
246-861-040	Applications for approval of continuing education program—Post-approval of continuing education program.
246-861-050	Continuing education program approved providers.
246-861-055	Continuing education program.
246-861-060	Instructors' credit toward continuing education unit.
246-861-090	Amount of continuing education.
246-861-095	Pharmacists licensed in other health professions.

## DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-861-030	Continuing education programs. [Statutory Authority: RCW 18.64.005, 92-03-029 (Order 234B), § 246-861-030, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-030, filed 8/30/91, effective 9/30/91; Order 116, § 360-11-020, filed 11/9/73.] Repealed by 97-20-164, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.
246-861-070	Credit for continuing education. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12), 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-033, filed 6/26/80.] Repealed by 92-03-029 (Order 234B), § 246-861-010, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005.
246-861-080	Credit for individual study programs. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12), 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-037, filed 6/26/80.] Repealed by 92-03-029 (Order 234B), § 246-861-010, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005.
246-861-100	Pharmacist audits—Disallowed credit. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12), 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-045, filed 6/26/80.] Repealed by 92-03-029 (Order 234B), § 246-861-010, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005.
246-861-110	Advisory committee on continuing education. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-110, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12), 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-060, filed 6/26/80; Order 116, § 360-11-060, filed 11/9/73.] Repealed by 92-03-029 (Order 234B), § 246-861-010, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005.
246-861-120	Waiver of the continuing education requirement. [Statutory Authority: RCW 18.64.005, 92-03-029 (Order 234B), § 246-861-120, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-120, filed 8/30/91, effective 9/30/91; Order 116, § 360-11-070, filed 11/9/73.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

**WAC 246-861-010 Definitions.** (1) "Accredited programs/courses" means continuing education sponsored by providers which are approved by the American Council on Pharmaceutical Education (ACPE).

(2) "Board approved programs/courses" means continuing education which has been reviewed and approved by the board office.

(3) "Approved provider" means any person, corporation, or association approved either by the board or ACPE to conduct continuing professional education programs.

(4) "Continuing education" means accredited or approved post-licensure professional pharmaceutical education designed to maintain and improve competence in the practice of pharmacy, pharmacy skills, and preserve pharmaceutical standards for the purpose of protecting the public health, safety, and welfare.

[Statutory Authority: RCW 43.70.280, 98-05-060, § 246-861-010, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005, 95-08-019, § 246-861-010, filed 3/27/95, effective 4/27/95; 92-03-029 (Order 234B), § 246-861-010, filed 1/8/92, effective 2/8/92.]

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**WAC 246-861-020 Renewal requirements.** (1) A pharmacist who desires to reinstate his or her pharmacist license after having been unlicensed for over one year shall, as a condition for reinstatement, submit proof of fifteen hours of continuing education for each year unlicensed or complete such continuing education credits as may be specified by the board in each individual case.

(2) The board of pharmacy may accept comparable continuing education units which have been approved by other boards of pharmacy.

[Statutory Authority: RCW 43.70.280, 98-05-060, § 246-861-020, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005, 95-08-019, § 246-861-020, filed 3/27/95, effective 4/27/95; 92-03-029 (Order 234B), § 246-861-020, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12), 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-010, filed 6/26/80. Statutory Authority: RCW 69.50.201, 79-04-048 (Order 147, Resolution No. 3-79), § 360-11-010, filed 3/27/79; Order 116, § 360-11-010, filed 11/9/73.]

**WAC 246-861-040 Applications for approval of continuing education program—Post-approval of continuing education program.** (1) Applications for approval or post-approval of a continuing education program which is not an accredited program or provided by an approved provider shall be made on the form provided for this purpose by the Washington state board of pharmacy in the law book.

(2) The provider shall submit an application form forty-five days prior to the date the program will be held.

(3) A pharmacist who attends a program that has not been preapproved according to this rule, must submit application for approval within twenty days following the program.

(4) All programs approved by the American Council on Pharmaceutical Education or the board, are accepted for continuing education credit and do not require that an individual provider approval be obtained in each case.

(5) The board of pharmacy may accept comparable continuing education units which have been approved by other boards of pharmacy.

[Statutory Authority: RCW 18.64.005, 96-11-042, § 246-861-040, filed 5/8/96, effective 6/8/96; 95-08-019, § 246-861-040, filed 3/27/95, effective 4/27/95; 92-03-029 (Order 234B), § 246-861-040, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12), 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-023, filed 6/26/80.]

**WAC 246-861-050 Continuing education program approved providers.** (1) Any provider may apply to the board on forms provided by the board for qualification as an approved provider. If a provider is approved, the board will issue a certificate or other notification of qualification. The approval shall be effective for a period of two years and shall be renewable as set forth by the board. Providers who apply to the board for approved provider status must document the following:

(a) Identify the individual responsible for the providers' CE program;

(b) Provide copies of CE material and information used by the provider the previous two years with each renewal; and

(c) Develop a procedure for establishing:

- (i) Educational goals and objectives for each program;
- (ii) Program evaluation component for each program.

(d) A continuing education provider shall supply each attendee or subscriber with a written program description which lists the topic(s) covered, number of speakers or authors, time devoted to the program topic(s), and the instructional objectives of the program. The program description must also bear a statement of the number of hours of continuing education credit assigned by the provider.

(e) The provider must make available to each attendee or subscriber proof of attendance or participation suitable for verifying to the board the completion of continuing education requirements.

(f) The provider shall retain, for a period of two years, a list of persons to whom proof of attendance or participation as specified in (b) of this subsection was supplied. Providers of nonevaluation self-instruction units shall be exempt from this requirement.

(2) The board shall establish the standards and specifications necessary for a provider to obtain approval. These standards and specifications shall at least be equivalent to those established for continuing education programs in pharmacy by the American Council on Pharmaceutical Education.

(3) The board may revoke or suspend an approval of a provider or refuse to renew such approval if the provider fails to maintain the necessary standards and specifications required.

[Statutory Authority: RCW 18.64.005. 95-08-019, § 246-861-050, filed 3/27/95, effective 4/27/95; 92-03-029 (Order 234B), § 246-861-050, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12), 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-027, filed 6/26/80.]

#### **WAC 246-861-055 Continuing education program.**

(1) The continuing professional pharmaceutical education courses may consist of post-graduate studies, institutes, seminars, lectures, conferences, workshops, extension studies, correspondence courses and other similar methods of conveying continuing education as may be approved by the board.

(2) Such courses shall consist of subject matter pertinent to the following general areas of professional pharmaceutical education:

- (a) The legal aspects of health care;
- (b) The properties and actions of drugs and dosage forms;
- (c) The etiology, characteristics, therapeutics, and prevention of the disease state;
- (d) Specialized professional pharmacy practice.

(3) Full credit (hour for hour) shall be allowed for:

- (a) Speakers.
- (b) Panels.
- (c) Structured discussion, workshops, and demonstrations.
- (d) Structured question and answer sessions.

(4) Credit shall not be allowed for:

- (a) Welcoming remarks.
- (b) Time spent for meals or social functions.
- (c) Business sessions.
- (d) Unstructured demonstrations (e.g., poster sessions).

(e) Unstructured question and answer sessions (e.g., after programs ends).

(f) Degree programs except advanced degrees in pharmacy.

(5) Keynote speaker and topics must be submitted through the standard process.

[Statutory Authority: RCW 18.64.005. 95-08-019, § 246-861-055, filed 3/27/95, effective 4/27/95.]

**WAC 246-861-060 Instructors' credit toward continuing education unit.** Any pharmacist whose primary responsibility is *not* the education of health professionals, who leads, instructs or lectures to groups of nurses, physicians, pharmacists or others on pharmacy-related topics in organized continuing education shall be granted one hour of continuing education credit for each hour spent in actually presenting the initial course or program which has been approved for continuing education credit.

Any pharmacist whose primary responsibility is the education of health professionals shall be granted continuing education credit only for time expended in leading, instruction or lecturing to groups of physicians, pharmacists, nurses or others on pharmacy related topics outside his/her formal course responsibilities in a learning institution.

A presenter shall not be granted multiple credit for multiple presentations of the same program of continuing education.

[Statutory Authority: RCW 18.64.005. 95-08-019, § 246-861-060, filed 3/27/95, effective 4/27/95; 92-03-029 (Order 234B), § 246-861-060, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-060, filed 8/30/91, effective 9/30/91; Order 116, § 360-11-030, filed 11/9/73.]

#### **WAC 246-861-090 Amount of continuing education.**

(1) The equivalent of 1.5 continuing education unit (equal to fifteen contact hours) of continuing education shall be required annually of each applicant for renewal of licensure. 0.1 CEU will be given for each contact hour. A pharmacist may claim an incentive of 0.15 CEU for each contact hour for successfully completing a patient education training program which meets the criteria listed below, provided that the incentive credits shall not exceed 1.2 CEU (equal to eight contact hours and four incentive hours).

(2) Patient education training requirements: The program must include patient-pharmacist verbal interactive techniques developed by role-playing in which the pharmacist, in dispensing a medication to the patient can verify that:

(a) The patient knows how to use the medication correctly.

(b) The patient knows about the important or significant side effects and potential adverse effects of the medication.

(c) The patient has the information and demonstrates their understanding of the importance of drug therapy compliance.

[Statutory Authority: RCW 18.64.005. 96-02-007, § 246-861-090, filed 12/20/95, effective 1/20/96; 92-03-029 (Order 234B), § 246-861-090, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12), 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-040, filed 6/26/80; Order 116, § 360-11-040, filed 11/9/73.]

**WAC 246-861-095 Pharmacists licensed in other health professions.** A pharmacist who is licensed to practice another health profession shall meet the same pharmacy continuing education requirements in the same manner as all other pharmacists and shall otherwise comply with this chapter. A licensee's compliance with the continuing education requirements of another health profession shall not qualify as compliance with this chapter, unless the subject matter of the continuing education meets the standards established in this chapter.

[Statutory Authority: RCW 18.64.005. 92-03-029 (Order 234B), § 246-861-095, filed 1/8/92, effective 2/8/92.]

### Chapter 246-863 WAC PHARMACISTS—LICENSING

#### WAC

246-863-020	Examinations.
246-863-030	Applicants—Reciprocity applicants.
246-863-035	Temporary permits.
246-863-040	Foreign-trained applicants.
246-863-060	Licensed pharmacists—Employed as responsible managers—Duty to notify board.
246-863-070	Inactive credential.
246-863-080	Retired pharmacist license.
246-863-090	Expired license.
246-863-095	Pharmacist's professional responsibilities.
246-863-100	Pharmacist prescriptive authority—Prior board notification of written guideline or protocol required.
246-863-110	Monitoring of drug therapy by pharmacists.
246-863-120	AIDS prevention and information education requirements.

#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-863-050	Licensed pharmacists change of address. [Statutory Authority: RCW 18.64.005. 93-10-007 (Order 357B), § 246-863-050, filed 4/22/93, effective 5/23/93. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-23-078, § 360-12-110, filed 11/17/89, effective 12/18/89. Statutory Authority: RCW 18.64.005(11). 79-10-007 (Order 151, Resolution No. 9/79), § 360-12-110, filed 9/6/79; Regulation 5, filed 3/23/60.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
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**WAC 246-863-020 Examinations.** (1) The examination for licensure as a pharmacist shall be known as the full board examination in such form as may be determined by the board.

(2) The score required to pass the examination shall be 75. In addition, the score achieved in the jurisprudence section of the exam shall be no lower than 75.

(3) An examinee failing the jurisprudence section of the full board examination shall be allowed to retake the jurisprudence section at a time and place to be specified by the board.

(4) An examinee who fails the jurisprudence examination three times shall not be eligible for further examination until he or she has satisfactorily completed a pharmacy law course provided by a college of pharmacy or board directed study or tutorial program approved by the board.

(5) A person taking the licensing examination in another state for the purpose of score transfer to Washington shall be required to meet the same licensure requirements as a person taking the licensing examination in Washington. All of the

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documentation, fees, intern hours and reports shall be submitted. In order for the score transfer application to be valid, the licensing process must be completed within one year of the date the score transfer notification is received in the board office.

[Statutory Authority: RCW 18.64.005. 94-08-099, § 246-863-020, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-22-045, § 360-12-015, filed 10/30/89, effective 11/30/89; 87-18-066 (Order 207), § 360-12-015, filed 9/2/87. Statutory Authority: RCW 18.64.005(1) and 18.64.080. 84-04-029 (Order 183), § 360-12-015, filed 1/25/84. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-12-015, filed 3/27/79.]

**WAC 246-863-030 Applicants—Reciprocity applicants.** (1) Applicants for license by reciprocity whose applications have been approved shall be required to take and pass the jurisprudence examination given by the board prior to being issued his or her license. The jurisprudence examination shall be offered at least once in every two months. If the licensing process has not been completed within two years of the date of application, the application shall be considered abandoned.

(2) An applicant for license by reciprocity who has been out of the active practice of pharmacy for between three and five years must take and pass the jurisprudence examination and additionally must either serve an internship of 300 hours or take and pass such additional practical examinations as may be specified by the board in each individual case.

(3) An applicant for license by reciprocity who has been out of the active practice of pharmacy for over five years must take and pass the full board examination and serve an internship of 300 hours.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-863-030, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005. 94-08-099, § 246-863-030, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 87-18-066 (Order 207), § 360-12-050, filed 9/2/87. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-12-050, filed 3/27/79; Order 121, § 360-12-050, filed 8/8/74; Regulation 4, filed 3/23/60.]

**WAC 246-863-035 Temporary permits.** A temporary permit to practice pharmacy may be issued to an applicant licensed by examination in a state which participates in the licensure transfer process unless there is a basis for denial of the license or issuance of a conditional license. The applicant shall meet all the qualifications, submit the necessary paperwork and fees for licensure transfer, and submit a written request for a permit to practice pharmacy with the temporary permit fee specified in WAC 246-907-030.

Prior to issuance of the permit to practice pharmacy, the board shall receive the following documents:

(1) A completed Washington pharmacy license application;

(2) The fee specified in WAC 246-907-030;

(3) A disciplinary report from the National Association of Boards of Pharmacy (NABP) Clearinghouse;

(4) Completed NABP "Official Application for Transfer of Pharmaceutic Licensure";

(5) Proof of seven hours of approved AIDS education.

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Such a permit shall expire on the first day of the month following the date of the next jurisprudence examination. In case of failure or nonattendance, the permit shall not be extended.

[Statutory Authority: RCW 18.64.005. 92-23-058 (Order 317B), § 246-863-035, filed 11/17/92, effective 12/18/92.]

**WAC 246-863-040 Foreign-trained applicants.** (1) Applicants whose academic training in pharmacy has been obtained from institutions in foreign countries, wishing to be licensed as pharmacists in the state of Washington shall take and pass the foreign pharmacy graduate equivalency examination prepared by the foreign pharmacy graduate education commission and shall have received an educational equivalency certificate from that commission.

(2) In addition, prior to licensure they shall pass the Washington state board of pharmacy full board examination and meet its internship requirements.

(3) Applicants whose academic training in pharmacy has been obtained from institutions in foreign countries and whose credentials are such that no further education is necessary must earn a total of 1500 intern hours before licensure. The applicant must earn at least 1200 intern hours before taking the full board examination: Provided, That the board may, for good cause shown, waive the required 1500 hours.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-015 (Order 180), § 360-12-065, filed 1/9/84. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-12-065, filed 3/27/79; Order 122, § 360-12-065, filed 9/30/74.]

**WAC 246-863-060 Licensed pharmacists—Employed as responsible managers—Duty to notify board.** Licensed pharmacists employed as responsible managers for a pharmacy shall at once notify the state board of pharmacy of such employment and shall comply with such instructions as may be received. A pharmacist shall also at once notify the state board of pharmacy of termination of employment as a responsible manager. Please refer to WAC 246-869-070 for additional information.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-863-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 79-10-007 (Order 151, Resolution No. 9/79), § 360-12-120, filed 9/6/79; Regulation 8, filed 3/23/60.]

**WAC 246-863-070 Inactive credential.** (1) A pharmacist may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

(2) Practitioners with an inactive credential for three years or less who wish to return to active status must meet the requirements of chapter 246-12 WAC, Part 4.

(3) Practitioners with an inactive credential for more than three years, who have been in active practice in another United States jurisdiction, and wish to return to active status must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Take and pass the jurisprudence examination given by the department;

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(c) Meet the requirements of chapter 246-12 WAC, Part 4.

(4) Practitioners with an inactive credential for between three and five years, who have not been in active practice in another United States jurisdiction, and wish to return to active status must:

(a) Take and pass the jurisprudence examination given by the department;

(b) Either serve an internship of 300 hours or take and pass such further written practical examinations as specified by the board in each individual case;

(c) Meet the requirements of chapter 246-12 WAC, Part 4.

(5) Practitioners with an inactive credential for over five years, who have not been in active practice in another United States jurisdiction, and wish to return to active status must:

(a) Take and pass the full board examination;

(b) Serve an internship of 300 hours;

(c) Meet the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-863-070, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-863-070, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.140. 85-06-010 (Order 193), § 360-12-125, filed 2/22/85.]

**WAC 246-863-080 Retired pharmacist license.** (1) Any pharmacist who has been licensed in the state for twenty-five consecutive years, who wishes to retire from the practice of pharmacy, may apply for a retired pharmacist license by submitting to the board:

(a) An application on a form provided by the department; and

(b) A fee as specified in WAC 246-907-030.

(2) The holder of a retired pharmacist license shall not be authorized to practice pharmacy and need not comply with the continuing education requirements of chapter 246-861 WAC.

(3) A retired pharmacist license shall be granted to any qualified applicant and shall entitle such person to receive mailings from the board of pharmacy: Provided, That law-book updates shall not be mailed without charge.

(4) In order to reactivate a retired pharmacist license, the holder must comply with the provision of WAC 246-863-090 and chapter 246-12 WAC, Part 2.

(5) The annual renewal fee for a retired pharmacist license is set by the secretary in WAC 246-907-030.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-863-080, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-863-080, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 43.70.040. 91-19-028 (Order 194), recodified as § 246-863-080, filed 9/10/91, effective 10/11/91. Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 360-12-128, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 18.64.005(11). 86-24-057 (Order 203), § 360-12-128, filed 12/2/86.]

**WAC 246-863-090 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 more than three years, and the practitioner has been in active practice in another United States jurisdiction, the practitioner must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Take and pass the jurisprudence examination given by the department;

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

(3) If the license has expired for between three and five years, and the practitioner has not been in active practice in another United States jurisdiction, the practitioner must:

(a) Take and pass the jurisprudence examination given by the department;

(b) Either serve an internship of 300 hours or take and pass such further written practical examinations as specified by the board in each individual case;

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

(4) If the license has expired for over five years, and the practitioner has not been in active practice in another United States jurisdiction, the practitioner must:

(a) Take and pass the full board examination;

(b) Serve an internship of 300 hours;

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

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-863-090, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-863-090, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.140. 85-06-010 (Order 193), § 360-12-130, filed 2/22/85. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-12-130, filed 3/27/79; Regulation 2, filed 3/23/60.]

**WAC 246-863-095 Pharmacist's professional responsibilities.** (1) A pharmacist shall not delegate the following professional responsibilities:

(a) Receipt of a verbal prescription other than refill authorization from a prescriber.

(b) Consultation with the patient regarding the prescription, both prior to and after the prescription filling and/or regarding any information contained in a patient medication record system provided that this shall not preclude a pharmacy assistant from providing to the patient or the patient's health care giver certain information where no professional judgment is required such as dates of refills or prescription price information.

(c) Consultation with the prescriber regarding the patient and the patient's prescription.

(d) Extemporaneous compounding of the prescription provided that bulk compounding from a formula and IV admixture products prepared in accordance with chapter 246-871 WAC may be performed by a level A pharmacy assistant when supervised by a pharmacist.

(e) Interpretation of data in a patient medication record system.

(f) Ultimate responsibility for all aspects of the completed prescription and assumption of the responsibility for the filled prescription, such as: Accuracy of drug, strength, labeling, proper container and other requirements.

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(g) Dispense prescriptions to patient with proper patient information as required by WAC 246-869-220.

(h) Signing of the poison register and the Schedule V controlled substance registry book at the time of sale in accordance with RCW 69.38.030 and WAC 246-887-030 and any other item required by law, rule or regulation to be signed or initialed by a pharmacist.

(i) Professional communications with physicians, dentists, nurses and other health care practitioners.

(2) Utilizing personnel to assist the pharmacist.

(a) The responsible pharmacist manager shall retain all professional and personal responsibility for any assisted tasks performed by personnel under his or her responsibility, as shall the pharmacy employing such personnel. The responsible pharmacist manager shall determine the extent to which personnel may be utilized to assist the pharmacist and shall assure that the pharmacist is fulfilling his or her supervisory and professional responsibilities.

(b) This does not preclude delegation to an intern or extern.

[Statutory Authority: RCW 18.64.005. 96-02-005, § 246-863-095, filed 12/20/95, effective 1/20/96.]

**WAC 246-863-100 Pharmacist prescriptive authority—Prior board notification of written guideline or protocol required.** (1) A pharmacist planning to exercise prescriptive authority in his or her practice (see RCW 18.64.011 (11)) by initiating or modifying drug therapy in accordance with written guidelines or protocols previously established and approved for his or her practice by a practitioner authorized to prescribe drugs must have on file at his/her place of practice a properly prepared written guideline or protocol indicating approval has been granted by a practitioner authorized to prescribe. A copy of the written guideline or protocol must also be on file with the board of pharmacy.

(2) For purposes of pharmacist prescriptive authority under RCW 18.64.011(11), a written guideline or protocol is defined as an agreement in which any practitioner authorized to prescribe legend drugs delegates to a pharmacist or group of pharmacists authority to conduct specified prescribing functions. Any modification of the written guideline or protocol shall be treated as a new protocol. It shall include:

(a) A statement identifying the practitioner authorized to prescribe and the pharmacist(s) who are party to the agreement. The practitioner authorized to prescribe must be in active practice, and the authority granted must be within the scope of the practitioners' current practice.

(b) A time period not to exceed 2 years during which the written guideline or protocol will be in effect.

(c) A statement of the type of prescriptive authority decisions which the pharmacist(s) is (are) authorized to make, which includes:

(i) A statement of the types of diseases, drugs, or drug categories involved, and the type of prescriptive authority activity (e.g., modification or initiation of drug therapy) authorized in each case.

(ii) A general statement of the procedures, decision criteria, or plan the pharmacist(s) is (are) to follow when making therapeutic decisions, particularly when modification or initiation of drug therapy is involved.

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(d) A statement of the activities pharmacist(s) is (are) to follow in the course of exercising prescriptive authority, including documentation of decisions made, and a plan for communication or feedback to the authorizing practitioner concerning specific decisions made. Documentation may occur on the prescription record, patient drug profile, patient medical chart, or in a separate log book.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 81-19-086 (Order 163, Resolution No. 8/81), § 360-12-140, filed 9/17/81. Statutory Authority: RCW 18.64.005(4) and (11), 80-08-035 (Order 155, Resolution No. 6/80), § 360-12-140, filed 6/26/80, effective 9/30/80.]

**WAC 246-863-110 Monitoring of drug therapy by pharmacists.** The term "monitoring drug therapy" used in RCW 18.64.011(11) shall mean a review of the drug therapy regimen of patients by a pharmacist for the purpose of evaluating and rendering advice to the prescribing practitioner regarding adjustment of the regimen. Monitoring of drug therapy shall include, but not be limited to:

- (1) Collecting and reviewing patient drug use histories;
- (2) Measuring and reviewing routine patient vital signs including, but not limited to, pulse, temperature, blood pressure and respiration; and
- (3) Ordering and evaluating the results of laboratory tests relating to drug therapy including, but not limited to, blood chemistries and cell counts, drug levels in blood, urine, tissue or other body fluids, and culture and sensitivity tests when performed in accordance with policies and procedures or protocols applicable to the practice setting, which have been developed by the pharmacist and prescribing practitioners and which include appropriate mechanisms for reporting to the prescriber monitoring activities and results.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-110, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 87-18-066 (Order 207), § 360-12-150, filed 9/2/87. Statutory Authority: RCW 18.64.005 and 69.41.075, 83-20-053 (Order 176), § 360-12-150, filed 9/29/83. Statutory Authority: RCW 18.64.005 and 69.41.240, 83-10-013 (Order 174), § 360-12-150, filed 4/26/83.]

**WAC 246-863-120 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, 98-05-060, § 246-863-120, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-120, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 88-23-058 (Order 221), § 360-12-160, filed 11/15/88.]

### Chapter 246-865 WAC PHARMACEUTICAL SERVICES—EXTENDED CARE FACILITY

#### WAC

246-865-010	Definitions.
246-865-020	Promulgation.
246-865-030	Emergency kit.
246-865-040	Supplemental dose kits.
246-865-050	Drug facilities.
246-865-060	Pharmaceutical services.
246-865-070	Provision for continuity of drug therapy for residents.

**WAC 246-865-010 Definitions.** (1) "Board" means the Washington state board of pharmacy.

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

(3) "Dose" means the amount of drug to be administered at one time.

(4) "Drug facility" means a room or area designed and equipped for drug storage and the preparation of drugs for administration.

(5) "Legend drug" means a drug bearing the legend, "Caution, federal law prohibits dispensing without a prescription."

(6) "Licensed nurse" means either a registered nurse or a licensed practical nurse.

(7) "Licensed practical nurse" means a person duly licensed under the provisions of the licensed practical nurse act of the state of Washington, chapter 18.78 RCW.

(8) "Nursing home" means any home, place or institution licensed as a nursing home under chapter 18.51 RCW.

(9) "Pharmaceutical services committee" means a committee which develops and maintains written policies and procedures for safe and effective drug therapy, distribution, control, and use which are current and followed in practice. The pharmaceutical services committee shall consist of a staff or consultant pharmacist, a physician, the director of nursing or his/her designee and the administrator or his/her designee.

(10) "Pharmacist" means a person duly licensed by the Washington state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW.

(11) "Pharmacy" means a place where the practice of pharmacy is conducted, properly licensed under the provisions of chapter 18.64 RCW by the Washington state board of pharmacy.

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

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

(14) "Unit-dose" means the ordered amount of a drug in an individually sealed package and in a dosage form ready for administration to a particular person by the prescribed route at the prescribed time.

(15) "Unit-dose drug distribution system" means a system of drug dispensing and control that is characterized by the dispensing of the majority of drugs in unit doses, ready to administer form, and for most drugs, not more than a 48-hour supply of doses is available at the residential care unit at any time.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-010, filed 8/30/91, effective 9/30/91.]

Statutory Authority: RCW 18.64.005, 87-18-066 (Order 207), § 360-13-045, filed 9/2/87. Statutory Authority: RCW 18.64.005(11), 81-06-077 (Order 158), § 360-13-045, filed 3/4/81; Order 121, § 360-13-045, filed 8/8/74.]

**WAC 246-865-020 Promulgation.** In the interests of protecting public health the Washington state board of pharmacy shall hereby allow the use of an emergency drug kit in any nursing home holding a valid Washington state nursing home license. The emergency drug kit shall be considered to be a physical extension of the pharmacy supplying the emergency drug kit and shall at all times remain under the ownership of the supplying pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 81-10-027 (Order 159), § 360-13-010, filed 4/28/81; Order 104, § 360-13-010, filed 12/5/69; Order 50 (part), filed 3/28/67.]

**WAC 246-865-030 Emergency kit.** (1) The contents and quantity of drugs and supplies in the emergency kit shall be determined by the pharmaceutical services committee as defined in WAC 246-865-010(9) which shall consider the number of residents to be served and their potential need for emergency medications.

(2) A copy of the approved list of contents shall be conspicuously posted on or near the kit.

(3) The emergency kit shall be used only for bonafide emergencies and only when medications cannot be obtained from a pharmacy in a timely manner.

(4) Records documenting the receipt and removal of drugs in the emergency kit shall be maintained by the nursing home and the supplying pharmacy.

(5) The pharmaceutical services committee shall be responsible for ensuring proper storage, security and accountability of the emergency kit

(a) The emergency kit shall be stored in a locked area or be locked itself;

(b) Emergency kit drugs shall be accessible only to licensed nurses as defined in WAC 246-865-010(6).

(6) The contents of the emergency kit, the approved list of contents, and all related records shall be made freely available and open for inspection to representatives of the board of pharmacy and the department.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-865-030, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 81-06-077 (Order 158), § 360-13-020, filed 3/4/81; Order 104, § 360-13-020, filed 12/5/69; Order 50, subsection 1-12, filed 3/28/67.]

**WAC 246-865-040 Supplemental dose kits.** (1) In addition to an emergency kit, each institution holding a valid Washington state nursing home license, and which employs a unit dose drug distribution system, may maintain a supplemental dose kit for supplemental nonemergency drug therapy if the necessary drug is not available from the pharmacy in a timely manner.

(2) The pharmaceutical services committee shall determine the quantities of drugs in the supplemental dose kit in light of the number of residents in the facility and their potential needs for supplemental doses.

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(3) The supplemental dose kit shall remain the property of the supplying pharmacy.

(4) The supplying pharmacy and the facility's pharmaceutical services committee shall be responsible for proper storage, security and accountability of the kit.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 81-06-077 (Order 158), § 360-13-030, filed 3/4/81; Order 114, § 360-13-030, filed 6/28/73.]

**WAC 246-865-050 Drug facilities.** (1) There shall be facilities for drug preparation and storage near the nurses' station on each unit.

(2) The drug facilities shall be well illuminated, ventilated and equipped with a work counter, sink with hot and cold running water and drug storage units.

(3) The drug storage units shall provide:

(a) Locked storage for all drugs,

(b) Separately keyed storage for Schedule II and III controlled substances,

(c) Segregated storage of different resident's drugs.

(4) There shall be a refrigerator for storage of thermolabile drugs in the drug facility.

(5) Locks and keys, for drug facilities shall be different from other locks and keys within the nursing home.

(6) Poisons and other nonmedicinal chemical agents in containers bearing a warning label shall be stored in separate locked storage apart from drugs used for medicinal purposes.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 81-06-077 (Order 158), § 360-13-055, filed 3/4/81; Order 121, § 360-13-055, filed 8/8/74.]

**WAC 246-865-060 Pharmaceutical services.** (1) Administration of pharmaceutical services.

(a) There shall be provision for timely delivery of drugs and biologicals from a pharmacy so a practitioner's orders for drug therapy can be implemented without undue delay.

(b) Unless the nursing home operates a licensed pharmacy and employs a director of pharmaceutical services, the nursing home shall have a written agreement with one or more licensed pharmacists who provide for pharmaceutical consultant services. The staff pharmacist or consultant pharmacist supervises the entire spectrum of pharmaceutical services in the nursing home.

(c) There shall be a pharmaceutical services committee whose membership includes at least a staff or consultant pharmacist, a physician, the director of nursing or his/her designee, and the administrator or his/her designee. The pharmaceutical services committee develops and maintains written policies and procedures for safe and effective drug therapy, distribution, control, and use which are current and followed in practice.

(d) Reference material regarding the use of medication, adverse reactions, toxicology, and poison control center information shall be available to facility staff.

(e) There shall be procedures established for the reporting and recording of medication errors and adverse drug reactions.

(2) A staff pharmacist or consultant pharmacist shall be responsible for coordinating pharmaceutical services which include:

(a) Provision of pharmaceutical services evaluations and recommendations to the administrative staff.

(b) On-site reviews to ensure that drug handling and utilization procedures are carried out in conformance with recognized standards of practice.

(c) Regularly reviewing each resident's therapy to screen for potential or existing drug therapy problems and documenting recommendations.

(d) Provision of drug information to the nursing home staff and physicians as needed.

(e) Planning and participating in the nursing home staff development program.

(f) Consultation regarding resident care services with other departments.

(3) Security and storage of drugs.

(a) The nursing home shall store drugs under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security as defined by regulation and accepted standards of practice.

(b) All drugs shall be stored in locked cabinets, rooms, or carts, and shall be accessible only to personnel licensed to administer or dispense drugs.

(c) Schedule III controlled substances shall be stored apart from other drugs on a separate shelf or in a separate compartment or cabinet, provided, however, Schedule III controlled substances may be stored with Schedule II controlled substances. Schedule III controlled substances can be stored with other drugs when distributed in a unit dose drug distribution system.

(d) Drugs for external use shall be stored apart from drugs for internal use, on a separate shelf or in a separate compartment or cabinet. Any shelf, compartment, or separate cabinet used for storage of external drugs shall be clearly labeled to indicate it is to be used for external drugs only.

(e) At all times, all keys to drug boxes, cabinets, and rooms shall be carried by persons legally authorized to administer drugs and on duty on the premises.

(f) If a supplemental dose kit within a unit dose drug distribution system is provided it must comply with WAC 246-865-040.

(g) If an emergency kit is provided, it shall comply with Washington state board of pharmacy regulations WAC 246-865-020 and 246-865-030.

(4) Labeling of drugs.

(a) The label for each legend drug which is not dispensed in a unit dose shall have the name and address of the pharmacy from which the drug was dispensed; the prescription number; the physician's name; the resident's full name; the date of issue; the initials of the dispensing pharmacist; the name and strength of the drug; a controlled substances schedule, if any; the amount (e.g., number of tablets or cc's) of the drug dispensed, and the expiration date. In the case of a compounded drug which contains Schedule II or III controlled substances, the quantity of each controlled substance per cc or teaspoonful shall be shown on the label.

(b) In a unit dose drug distribution system, a clear, legible label shall be printed or affixed securely to each unit dose package. Each unit dose drug label shall include: the name,

strength and, for each unit dose package, the dosage amount of the drug; the expiration date for any time-dated drug; the lot or control number; and controlled substances schedule number, if any. Each individual drug compartment shall be labeled with the full name of the resident whose drug the compartment contains and the name of the resident's physician.

(c) Nonlegend drugs shall be clearly labeled with at least the patient's name, date of receipt by the facility, as well as display a manufacturer's original label or a pharmacy label if repackaged by the pharmacist. Nonlegend drugs supplied by the extended care facility pursuant to WAC 388-88-050 need not be labeled with the patient's name.

(d) A label on a container of drugs shall not be altered or replaced except by the pharmacist. Drug containers having soiled, damaged, incomplete, or makeshift labels shall be returned to the pharmacy for relabeling or disposal. Drugs in containers having no labels or illegible labels shall be destroyed.

(5) Control and accountability.

(a) The nursing home shall maintain and follow written procedures which provide for the accurate control and accountability of all drugs in the nursing home.

(b) No drugs may be returned from the nursing home to a pharmacy except as provided in paragraph (4)(d) or if the drug is returned in unopened unit dose packages.

(c) Drugs shall be released to a resident upon discharge only on specific written authorization of the attending physician. A receipt containing information sufficient to document the drug's destination, the person who received the drug, and the name and quantity of drugs released shall be entered in the resident's health record.

(d) All of an individual resident's drugs including Schedule III, IV and V controlled substances, that are discontinued by the physician and remain unused, shall be destroyed by a licensed nurse employee of the nursing home in the presence of a witness within 90 days after having been discontinued, and accurate records of destruction maintained except from drugs which are sealed in unit dose packages.

(e) Outdated, unapproved, contaminated, deteriorated, adulterated, or recalled drugs shall not be available for use in the nursing home.

(f) Except in the case of Schedule II controlled substances and drugs which are sealed in unit dose packages, drugs which remain in the nursing home after the patient has died or been discharged, and drugs in containers with illegible or missing labels, shall be immediately and irretrievably disposed of by a licensed nurse employee in the presence of a witness and proper records maintained of such disposal. Destruction of Schedule II drugs shall be handled in accordance with (6)(g). Unit dose packages may be returned to the pharmacy.

(6) Special requirements for controlled substances.

(a) All Schedule II controlled substances shall be stored in separately keyed and locked secure storage within a drug facility.

(b) Schedule III controlled substances shall be stored apart from other drugs and may be stored on a separate shelf, drawer, or compartment with Schedule II controlled substances.

(c) There shall be a record book for Schedule II and Schedule III controlled substances which shall be a bound book with consecutively numbered pages in which complete records of receipt and withdrawal of Schedule II and III controlled substances are maintained.

(d) At least once each 24 hours, the amount of all Schedule II controlled substances stored in the facility shall be counted by at least two persons who are legally authorized to administer drugs. A similar count shall be made of all Schedule III controlled substances at least weekly. Records of counts shall be entered in the Schedule II and III controlled substances book(s).

(e) When a resident is discharged, a record of release for any Schedule II or III controlled substances released shall be entered on the appropriate page for the given drug in the controlled substances record book.

(f) Any discrepancy in actual count of Schedule II or III controlled substances and the record shall be documented in the Schedule II or III controlled substances books and reported immediately to the responsible supervisor who shall investigate the discrepancy. Any discrepancy which has not been corrected within seven calendar days shall be reported to the consultant pharmacist and the Washington state board of pharmacy.

(g) Discontinued Schedule II controlled substances and all Schedule II controlled substances which remain after the discharge or death of residents shall:

(i) Be destroyed at the nursing home within 30 days by two of the following individuals: A licensed pharmacist, the director of nursing or a registered nurse designee, and a registered nurse employee of the nursing home with appropriate documentation maintained, or

(ii) Be destroyed at the nursing home by a representative of the Washington state board of pharmacy if so requested by the board or the nursing home.

(h) A nursing home may establish procedures which vary from those paragraphs (6)(a)(g) if they are using a unit dose drug distribution system and if that system provides for the accurate accounting, by the nursing home and the supplying pharmacy, of the receipt and disposition of all Schedule II and III controlled substances.

(7) Drug administration.

(a) Staff shall follow written procedures which provide for the safe handling and administration of drugs to residents.

(i) Drugs shall be administered only by persons licensed to administer drugs.

(ii) The resident shall be identified prior to administration.

(b) All drugs shall be identified up to the point of administration.

(c) Drugs shall be prepared immediately prior to administration and administered by the same person who prepares them except under a unit dose system.

(d) Drug administration shall be documented as soon as possible after the act of administration, and shall include:

(i) Verification of administration

(ii) Reasons for ordered doses not taken

(iii) Reasons for administration of, and response to drugs given on and as needed basis (PRN).

(e) Drug orders shall be received only by a licensed nurse and administered only on the written or verbal order of

a practitioner. Verbal orders shall be signed by the prescribing practitioner in a timely manner.

(f) The self-administration of medication program shall provide evidence of:

(i) Assessment of the resident's capabilities

(ii) Instructions for administration

(iii) Monitoring of progress and compliance with orders

(iv) Safe storage of drugs.

[Statutory Authority: RCW 18.64.005. 94-02-077, § 246-865-060, filed 1/5/94, effective 2/5/94; 92-12-035 (Order 277B), § 246-865-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-11-007 (Order 214), § 360-13-066, filed 5/9/88. Statutory Authority: RCW 18.64.005(11). 81-14-055 (Order 161), § 360-13-066, filed 6/30/81.]

**WAC 246-865-070 Provision for continuity of drug therapy for residents.** When a resident of a long term care facility has the opportunity for an unscheduled therapeutic leave that would be precluded by the lack of an available pharmacist to dispense drugs prescribed by an authorized practitioner, a registered nurse designated by the facility and its consultant or staff pharmacist and who agrees to such designation, may provide the resident or a responsible person with up to a 72-hour supply of a prescribed drug or drugs for use during that leave from the resident's previously dispensed package of such drugs. The drugs shall only be provided in accordance with protocols developed by the pharmaceutical services committee and the protocols shall be available for inspection. These protocols shall include the following:

(1) Criteria as to what constitutes an unscheduled therapeutic leave requiring the provision of drugs by the registered nurse;

(2) Procedures for repackaging and labeling the limited supply of previously dispensed drugs by the designated registered nurse that comply with all state and federal laws concerning the packaging and labeling of drugs;

(3) Provision to assure that none of the medication provided to the resident or responsible person may be returned to the resident's previously dispensed package of such drug or to the facility's stock.

(4) A record-keeping mechanism that will provide for the maintenance of a permanent log that includes the following information:

(a) The name of the person to whom the drug was provided;

(b) The drug and quantity provided;

(c) The date and time that the request for the drug was made;

(d) The date and time that the drug was provided;

(e) The name of the registered nurse that provided the drug;

(f) The conditions or circumstances that precluded a pharmacist from providing the drug.

Refer to WAC 246-839-810 for related regulations on this practice.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-865-070, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.41.240. 83-10-013 (Order 174), § 360-13-100, filed 4/26/83.]

## Chapter 246-867 WAC

## IMPAIRED PHARMACIST REHABILITATION

## WAC

246-867-001	Purpose and scope.
246-867-010	Definitions.
246-867-020	Applicability.
246-867-030	Reporting and freedom from liability.
246-867-040	Approval of substance abuse monitoring programs.
246-867-050	Participation in approved substance abuse monitoring program.
246-867-060	Confidentiality.

**WAC 246-867-001 Purpose and scope.** These rules are designed to assist the board of pharmacy regarding a registrant/licensee whose competency may be impaired due to the abuse of alcohol and/or drugs. The board intends that such registrants/licenses be treated and their treatment monitored so that they can return or continue to practice pharmacy with judgment, skill, competence, and safety to the public. To accomplish this, the board shall approve voluntary substance abuse monitoring programs and shall refer registrants/licenses impaired by substance abuse to approved programs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-001, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-010, filed 1/17/90, effective 2/17/90.]

**WAC 246-867-010 Definitions.** For the purpose of this chapter:

(1) "Chemical dependence - Substance abuse" means a chronic progressive illness which involves the use of alcohol and/or other drugs to a degree that it interferes in the functional life of the registrant/licensee, as manifested by health, family, job (professional services), legal, financial, or emotional problems.

(2) "Board" means the Washington state board of pharmacy.

(3) "Diversion" means illicit dispensing, distribution, or administration of a scheduled controlled substance or other legend drug not in the normal course of professional practice.

(4) "Drug" means a chemical substance alone or in combination, including alcohol.

(5) "Impaired pharmacist" means a pharmacist who is unable to practice pharmacy with judgment, skill, competence, or safety to the public due to chemical dependence, mental illness, the aging process, loss of motor skills, or any other mental or physical condition.

(6) "Approved substance abuse monitoring program" means a pharmacy recovery assistance program or program which the board has determined meets the requirement of the law and the criteria established by the board in WAC 246-867-040 which enters into a contract with pharmacists who have substance abuse problems regarding the required components of the pharmacists recovery activity and oversees the pharmacist's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating pharmacists.

(7) "Contract" means a comprehensive, structured agreement between the recovering pharmacist and the approved monitoring program stipulating the pharmacist's consent to comply with the monitoring program and its required components of the pharmacist's recovery program.

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(8) "Approved treatment program" means a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 70.96A.020(3) to provide concentrated alcoholism or drug addiction treatment if located within Washington state. Drug and alcohol addiction treatment programs located out-of-state must be equivalent to the standards required for approval under RCW 70.96A.020(3).

(9) "Aftercare" means that period of time after intensive treatment that provides the pharmacist and the pharmacist's family with group, or individualized counseling sessions, discussions with other families, ongoing contact and participation in self-help groups, and ongoing continued support of treatment program staff.

(10) "Twelve-step groups" means groups such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, and related organizations based on a philosophy of anonymity, peer group associations, self-help belief in a power outside of oneself which offer support to the recovering individual to maintain a chemically free lifestyle.

(11) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person to be tested. The collection of the body fluid must be observed by a treatment or health care professional or other board or monitoring program-approved observer.

(12) "Recovering" means that a chemically dependent pharmacist is in compliance with a treatment plan of rehabilitation in accordance with criteria established by an approved treatment facility and an approved substance abuse monitoring program.

(13) "Rehabilitation" means the process of restoring a chemically dependent pharmacist to a level of professional performance consistent with public health and safety.

(14) "Reinstatement" means the process whereby a recovering pharmacist is permitted to resume the practice of pharmacy.

(15) "Pharmacist support group" means a group of pharmacists meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced pharmacist facilitator in which pharmacists may safely discuss drug diversion, licensure issues, return to work, and other issues related to recovery.

[Statutory Authority: RCW 18.64.005 and 18.130.050. 92-12-035 (Order 277B), § 246-867-010, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-020, filed 1/17/90, effective 2/17/90.]

**WAC 246-867-020 Applicability.** This chapter is applicable to all registered/licensed externs, interns, pharmacists, and any pharmacy assistants. For the purpose of this chapter, the word "pharmacist" shall include externs, interns and pharmacy assistants, as defined under chapter 18.64A RCW.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-030, filed 1/17/90, effective 2/17/90.]

**WAC 246-867-030 Reporting and freedom from liability.** (1) Reporting.

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(a) If any pharmacist or pharmacy owner knows or suspects that a pharmacist is impaired by chemical dependence, mental illness, physical incapacity, or other factors, that person shall report any relevant information to a pharmacy recovery assistance program or to the board.

(b) If a person is required by law to report an alleged impaired pharmacist to the board, the requirement is satisfied when the person reports the pharmacist to a board-approved and contracted pharmacist recovery assistance program.

(2) Any person who in good faith reports information concerning a suspected impaired pharmacist to a pharmacy recovery assistance program or to the board shall be immune from civil liability.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-040, filed 1/17/90, effective 2/17/90.]

**WAC 246-867-040 Approval of substance abuse monitoring programs.** The board will approve pharmacist recovery, assistance, and monitoring programs which will participate in the board's substance abuse monitoring program. The board may contract for these services.

(1) The approved monitoring program will not provide evaluation or treatment to participating pharmacists.

(2) The approved monitoring program/recovery assistance staff must have the qualifications and knowledge of both substance abuse and the practice of pharmacy as defined in this chapter to be able to evaluate:

- (a) Clinical laboratories.
- (b) Laboratory results.
- (c) Providers of substance abuse treatment, both individuals and facilities.
- (d) Pharmacist support groups.
- (e) The pharmacist's work environment.
- (f) The ability of the pharmacist to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the pharmacist and the board to oversee the pharmacists' compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff will determine, on an individual basis, whether a pharmacist will be prohibited from engaging in the practice of pharmacy for a period of time and restrictions, if any, on the pharmacist's access to controlled substances in the work place.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program will be responsible for providing feedback to the pharmacist as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any pharmacist who fails to comply with the requirements of the monitoring program.

(9) The approved monitoring program shall provide the board with a statistical report on the program, including progress of participants, at least annually.

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(10) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of pharmacy for those participating in the program.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-050, filed 1/17/90, effective 2/17/90.]

**WAC 246-867-050 Participation in approved substance abuse monitoring program.** (1) The pharmacist who has been investigated by the board may accept board referral into the approved substance abuse monitoring program. This may be part of disciplinary action.

(a) The pharmacist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professionals with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The pharmacist shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The pharmacist will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The pharmacist will agree to abstain from the use of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101. Said prescriber shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided.

(iii) The pharmacist must complete the prescribed after-care program of the intensive treatment facility. This may include individual and/or group psychotherapy.

(iv) The pharmacist must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the appropriate monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc.

(v) The pharmacist shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program.

(vi) The pharmacist will attend pharmacist support groups facilitated by a pharmacist and/or twelve-step group meetings as specified by the contract.

(vii) The pharmacist will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The pharmacist shall sign a waiver allowing the approved monitoring program to release information to the board if the pharmacist does not comply with the requirements of this contract.

(c) The pharmacist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random urine screens, and other personal expenses incurred in compliance with this contract.

(d) The pharmacist may be subject to disciplinary action under RCW 18.64.160 if the pharmacist does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

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(2) A pharmacist who is not being investigated by the board or subject to current disciplinary action or currently being monitored by the board for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.64.160 for their substance abuse and shall not have their participation known to the board if they meet the requirements of the approved monitoring program:

(a) The pharmacist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by a health care professional with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The pharmacist shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The pharmacist will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The pharmacist will agree to abstain from the use of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101. Said prescriber shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided.

(iii) The pharmacist must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc.

(v) The pharmacist shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program.

(vi) The pharmacist will attend pharmacist support groups facilitated by a pharmacist and/or twelve-step group meetings as specified by the contract.

(vii) The pharmacist will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The pharmacist shall sign a waiver allowing the approved monitoring program to release information to the board if the pharmacist does not comply with the requirements of this contract.

(c) The pharmacist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random urine screens, and other personal expenses incurred in compliance with this contract.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-060, filed 1/17/90, effective 2/17/90.]

**WAC 246-867-060 Confidentiality.** (1) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in WAC 246-867-050 (1) and (2). Records held by

the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

(2) Notwithstanding subsection (1) of this section, board orders shall be subject to RCW 42.17.250 through 42.17.450.

[Statutory Authority: RCW 18.64.005 and 18.130.050. 92-12-035 (Order 277B), § 246-867-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-070, filed 1/17/90, effective 2/17/90.]

## Chapter 246-869 WAC PHARMACY LICENSING

### WAC

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### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-869-050	Pharmacy license renewal. [Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-869-050, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-14-041 (Order 215), § 360-16-025, filed 6/30/88. Statutory Authority: RCW 18.64.043. 84-12-019 (Order 186), § 360-16-025, filed 5/25/84.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
246-869-240	Pharmacist's professional responsibilities. [Statutory Authority: RCW 18.64.005. 92-08-058 (Order 260B), § 246-869-240, filed 3/26/92, effective 4/26/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-240, filed 8/30/91, effective 9/30/91; Order 129, § 360-16-290, filed 7/13/76; Order 127, § 360-16-290, filed 12/1/75.] Repealed by 96-03-016, filed 1/5/96, effective 2/5/96. Statutory Authority: RCW 18.64.005.
246-869-260	Pharmacist supervised sales—General. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-260, filed 8/30/91, effective 9/30/91; Regulation 15, filed 3/23/60.] Repealed by 97-20-165, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.

**WAC 246-869-020 Pharmacies and differential hours.** (1) A pharmacy must provide adequate security for its drug supplies and records and in the absence of a pharmacist the pharmacy must be closed and access limited to persons authorized by the pharmacist; for example, janitorial services, inventory services, etc. If a pharmacy is located within a larger mercantile establishment which is open to the public for business at times when a pharmacist is not present then the pharmacy must be enclosed by solid partitions at least seven feet in height, from the floor, which are sufficient to provide adequate security for the pharmacy. In the absence of a pharmacist such pharmacies must be locked and secured so that only persons authorized by the pharmacist can gain access, provided however that employees of the mercantile establishment cannot be authorized to enter the closed pharmacy during those hours that the mercantile establishment is open to the public for business.

(2) All equipment and records referred to in WAC 246-869-180 and all drugs, devices, poisons and other items or products which are restricted to sale either by or under the personal supervision of a pharmacist must be kept in the pharmacy area.

(3) Written prescription orders and refill request can be delivered to a pharmacy at any time. But if no pharmacist is present then the prescription orders must be deposited, by the patient or his agent delivering the prescription order or refill request to the establishment, into a "mail slot" or "drop box" such that the prescription order is stored in the pharmacy area. The times that the pharmacy is open for business must be so displayed that they are prominently visible to the person depositing the prescription orders.

(4) Prescriptions shall be stored in the pharmacy and cannot be removed from the pharmacy unless the pharmacist is present and the removal is for the immediate delivery to the patient, person picking up the prescription for the patient, or person delivering the prescription to the patient at his residence or similar place.

(5) No drugs, devices, poisons and other items or products which are restricted to sale either by or under the personal supervision of a pharmacist can be sold or delivered without a pharmacist being present in the pharmacy.

(6) Any pharmacy having hours differing from the remainder of an establishment shall have a separate and distinct telephone number from that business establishment. The phone shall not be answerable in the remainder of the establishment unless all conversations, when the pharmacist is absent, are recorded and played back by the pharmacist.

(7) Oral prescriptions cannot be taken if a pharmacist is not present unless it is taken on a recording which must inform the caller as to the times the pharmacy is open.

(8) A pharmacy must prominently display in a permanent manner on or adjacent to its entrance the times that it is open for business. If a pharmacy is located within a larger mercantile establishment having hours of operation different from the pharmacy then the pharmacy times of being open for business shall be prominently displayed in a permanent manner at the pharmacy area and on or adjacent to the entrance to the mercantile establishment.

(9) Any advertising by the mercantile establishment which makes reference to the pharmacy or those products which are sold only in the pharmacy which in such advertising

sets forth the days and hours that the mercantile establishment is open to the public for business must also indicate the days and hours that the pharmacy is open to the public for business.

(10) Any person desiring to operate a pharmacy within an establishment having hours of business differing from the pharmacy must notify the board of pharmacy at least thirty days prior to commencing such differential hours. In order to constitute notification the applicant must complete the file forms provided by the board providing the required information. Board inspection and approval must be completed prior to the commencing of such differential hours. Such inspection and approval or disapproval shall be within 10 days of receiving notification that the premises are ready for inspection. Approval or disapproval shall be predicated upon compliance with this rule and pharmacy standards under chapter 246-869 WAC.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-869-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-020, filed 8/30/91, effective 9/30/91; Order 106, § 360-16-005, filed 9/11/70.]

**WAC 246-869-030 Pharmacy license notice requirements.** (1) Applications for a new pharmacy license must be submitted at least thirty days prior to the next regularly scheduled board meeting and the board shall require the submission of proof of the applicant's identity, and qualifications and such other information as may be necessary to properly evaluate the application, and, at its option, the board may require a personal interview at the next scheduled board meeting.

(2) In case of change of ownership or location of a pharmacy, the original license comes void and must be returned with a new application, as set forth in paragraph (1) above, and the statutorily required fees.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-030, filed 8/30/91, effective 9/30/91; Order 114, § 360-16-011, filed 6/28/73.]

**WAC 246-869-040 New pharmacy registration.** The state board of pharmacy shall issue no new pharmacy registrations after December 1, 1976 unless:

(1) The pharmacy will operate a bona fide prescription department, with such equipment, facilities, supplies and pharmaceuticals as are specified by state board regulations;

(2) The pharmacy passes inspection with a minimum of an "A" grade;

(3) The pharmacy in a new or remodeled building can produce evidence of being built or remodeled in accordance with all building, health and fire codes required for the particular area.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-040, filed 8/30/91, effective 9/30/91; Order 130, § 360-16-020, filed 11/10/76; Regulation 10, filed 3/23/60.]

**WAC 246-869-060 Employers to require evidence of pharmacist's qualifications.** It shall be the duty of every employer to require suitable evidence of qualifications to practice pharmacy before they permit anyone to be in charge, compound or dispense drugs on their premises.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-060, filed 8/30/91, effective 9/30/91; Regulation 19 (part), filed 3/23/60.]

**WAC 246-869-070 Responsible manager—Appointment.** Every nonlicensed proprietor of one or more pharmacies shall place in charge of each pharmacy a licensed pharmacist who shall be known as the "responsible manager." The nonlicensed proprietor shall immediately report to the state board of pharmacy the name of the "responsible manager," who shall ensure that the pharmacy complies with all the laws, rules and regulations pertaining to the practice of pharmacy. Every portion of the establishment coming under the jurisdiction of the pharmacy laws shall be under the full and complete control of such responsible manager. A now-licensed proprietor shall at once notify the board of pharmacy of the termination of employment of a responsible manager. Please refer to WAC 246-863-060 for additional information.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-869-070, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 79-10-007 (Order 151, Resolution No. 9/79), § 360-16-050, filed 9/6/79; Regulation 6, filed 3/23/60.]

**WAC 246-869-080 Clinic dispensaries.** The clinics of this state shall place their dispensaries in charge of a registered pharmacist, or the dispensing must be done by each prescribing physician in person.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-080, filed 8/30/91, effective 9/30/91; Regulation 9, filed 3/23/60.]

**WAC 246-869-090 Prescription transfers.** The transfer of original prescription information for a noncontrolled substance legend drug for the purpose of refill dispensing is permissible between pharmacies subject to the following requirements:

(1) The transfer is communicated directly between two licensed pharmacists and the transferring pharmacist records the following information:

(a) Record in the patient medication record system that a copy has been issued.

(b) Record in the patient medication record system the name and address of the pharmacy to which it was transferred and the name of the pharmacist receiving the prescription information.

(2) The pharmacist receiving the transferred prescription information shall reduce to writing the following:

(a) Write the word "TRANSFER" on the face of the transferred prescription.

(b) Provide all information required to be on the prescription - patient's name and address; doctor's name and address, and also include:

(i) Date of issuance of original prescription.

(ii) Number of valid refills remaining and date of last refill.

(iii) The pharmacy's name, address, and original prescription number from which the prescription information was transferred.

(iv) Name of transferor pharmacist.

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(c) Both the original and transferred prescription must be maintained as if they were original prescriptions.

(d) A transferred prescription may not be refilled after one year from the date the original was issued.

(e) The above subsections apply to the transfer of prescription information for noncontrolled substances. The transfer of controlled substance prescription information must conform to the requirements of 21 CFR 1306.26.

(3) When a prescription is transferred, no further refills shall be issued by the transferring pharmacy.

(4) If two or more pharmacies utilize a common electronic data base for prescription recordkeeping, prescriptions may be refilled at any of these pharmacies as long as there is provided an audit trail which documents the location of each filling and provisions are made to assure that the number of authorized refills are not exceeded.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-23-058 (Order 221), § 360-16-094, filed 11/15/88.]

**WAC 246-869-095 Facsimile transmission of prescription orders.** Prescription orders may be transmitted to pharmacies from prescriber's offices and health care facilities using facsimile transmission devices subject to the following requirements:

(1) The order contains the date, time, and telephone number and location of the transmitting device.

(2) Transmission of orders for Schedule II drugs are not allowed provided that, when an emergency exists, an order for Schedule II controlled substances may be dispensed and delivered to a patient pursuant to a facsimile transmission subject to the requirements of WAC 246-887-020(7). And further provided that, in a nonemergent situation, an order for Schedule II controlled substances may be prepared for delivery to a patient pursuant to a facsimile transmission but may not be delivered to the patient except upon presentation of a written order.

(3) The transmitted order shall be filed in the same manner as any other prescription. However, the pharmacist is responsible for assuring that the quality of the order is sufficient to be legible for at least two years pursuant to the records retention requirements of WAC 246-869-100.

(4) Refill authorizations for prescriptions may be transmitted using a facsimile device.

(5) The pharmacist is responsible for assuring that each facsimile prescription is valid and shall verify authenticity with the prescriber whenever there is a question.

(6) No agreement between a prescriber and a pharmacy shall require that prescription orders be transmitted by facsimile machine from the prescriber to only that pharmacy.

[Statutory Authority: RCW 18.64.005. 92-14-032 (Order 283B), § 246-869-095, filed 6/23/92, effective 7/24/92.]

**WAC 246-869-100 Prescription record requirements.** (1) Records for the original prescription and refill records shall be maintained on the filled prescription or in a separate record book or patient medication record. Such records must be maintained for a period of at least two years and shall be made available for inspection to representatives of the board of pharmacy.

(2005 Ed.)

(2) The pharmacist shall be required to insure that the following information be recorded:

(a) Original prescription—At the time of dispensing, a serial number, date of dispensing, and the initials of the responsible pharmacist shall be placed on the face of the prescription. The patient's address must be readily available to the pharmacist, either from the face of the prescription, a record book, patient medication record, or hospital or clinic record.

(b) Refill prescription authorization—Refills for prescription for legend drugs must be authorized by the prescriber prior to the dispensing of the refill prescription.

(c) Refill prescription—At the time of dispensing, the date of refilling, quantity of the drug (if other than original), the name of authorizing person (if other than original), and the initials of the responsible pharmacist shall be recorded on the back side of the prescription, or in a separate record book or patient medication record.

(d) Prescription refill limitations—No prescription may be refilled for a period longer than one year from the date of the original prescription. "PRN" prescriptions shall expire at the end of one year. Expired prescriptions require authorization before filling. If granted a new prescription shall be written and placed in the files.

(e) Prescription copies—Prescription copies and prescription labels presented for filling must be considered as informational only, and may not be used as the sole document. The prescriber shall be contacted for complete information and authorization. If granted, a new prescription shall be written and placed on file. Copies of prescriptions must be clearly identified as such on the face of the prescription. The transfer of original prescription information is permitted if the provisions of WAC 246-869-090 are met.

(f) Emergency refills—If the prescriber is not available and in the professional judgment of the pharmacist an emergency need for the medication has been demonstrated, the pharmacist may dispense enough medication to last until a prescriber can be contacted - but not to exceed 72 hours' supply. The prescriber shall be promptly notified of the emergency refill.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-869-100, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-22-046, § 360-16-096, filed 10/30/89, effective 11/30/89; 88-23-058 (Order 221), § 360-16-096, filed 11/15/88; Order 131, § 360-16-096, filed 2/4/77; Order 126, § 360-16-096, filed 5/21/75; Order 117, § 360-16-096, filed 11/9/73; Regulation 49, filed 12/1/65.]

**WAC 246-869-110 Refusal to permit inspection.** The refusal to permit an authorized representative of the Washington state board of pharmacy to examine during normal business hours the premises, inventory and/or records relating to drugs of licensed wholesalers, manufacturers, pharmacies and shopkeepers constitutes grounds for the suspension or revocation of the establishment's license and/or that of the pharmacist refusing such requested examination.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-110, filed 8/30/91, effective 9/30/91; Order 109, § 360-16-098, filed 5/23/72; Order 103, § 360-16-098, filed 12/5/69.]

(2005 Ed.)

**WAC 246-869-120 Mechanical devices in hospitals.**

Mechanical devices for storage of floor stock, shall be limited to hospitals and shall comply with all the following provisions:

(1) All drugs and medicines to be stocked in the device shall be prepared for use in the device by or under the direct supervision of a registered pharmacist in the employ of the hospital and shall be prepared in the hospital from the hospital stock in which the drug is to be administered. "Hospital" shall mean any hospital licensed by the state department of health or under the direct supervision of the state department of institutions.

(2) Such device shall be stocked with drugs and medicines only by a registered pharmacist in the employ of the hospital.

(3) A registered pharmacist in the employ of the hospital shall be personally responsible for the inventory and stocking of drugs and medicines in the device and he shall be personally responsible for the condition of the drugs and medicines stored in the device.

(4) A registered pharmacist in the employ of the hospital shall be the only person having access to that portion, section, or part of the device in which the drugs or medicines are stored.

(5) All containers of drugs or medicines to be stored in the device shall be correctly labeled to include: Name, strength, route of administration and if applicable, the expiration date.

(6) At the time of the removal of any drug or medicine from the device, the device shall automatically make a written record showing the name, strength, and quantity of the drug or medicine removed, the name of the patient for whom the drug or medicine was ordered, and the identification of the nurse removing the drug or medicine from the device. The record must be maintained for two years by the hospital and shall be accessible to the pharmacist.

(7) Medical practitioners authorized to prescribe, pharmacists authorized to dispense, or nurses authorized to administer such drugs shall be the only persons authorized to remove any drug or medicine from the device and such removal by a nurse or medical practitioner shall be made only pursuant to a chart order. An identification mechanism, required to operate the device shall be issued permanently to each operator while the operator is on the staff of, or employed by the hospital. Such mechanism must imprint the operator's name or number if it permits the device to operate.

(8) The device shall be used only for the furnishing of drugs or medicines for administration in the hospital to registered in-patients or emergency patients in the hospital.

(9) Every hospital seeking approval to use any device shall, prior to installation of the device, register with the board by filing an application. Such application shall contain: The name and address of the hospital; the name of the registered pharmacist who is to be responsible for stocking the device; the manufacturer's name and model, description, and the proposed location of each device in the hospital.

(10) No such device shall be used until approval has been granted by the board, and no change in the location of the device or in the registered pharmacist responsible for stocking the device shall be made without prior written notice

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to the board. No such device shall be removed from the licensed premises without prior approval of the board.

(11) As used in this section, a "pharmacist in the employ of the hospital" shall not include any pharmacist who is, or is employed by, a manufacturer, wholesaler, distributor, or itinerant vendor of drugs or medicines.

(12) Each and every device approved by the board shall be issued a certificate of location. Such certificate must be conspicuously displayed on the device and contain the following:

- (a) Name and address of the hospital
- (b) Name of the registered pharmacist who is to be responsible for stocking the device
- (c) Location of the device in the hospital
- (d) Manufacturer's name of the device and the serial number of the device.

(13) Upon any malfunction the device shall not be used until the malfunction has been corrected.

(14) A copy of this regulation shall be attached to each and every device certified by the board of pharmacy.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-869-120, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-120, filed 8/30/91, effective 9/30/91; Regulation 47, filed 12/1/65.]

#### **WAC 246-869-130 Return or exchange of drugs.**

Except as provided in this rule, prescriptions, drugs, medicines, sick room supplies and items of personal hygiene shall not be accepted for return or exchange by any pharmacist or pharmacy after such prescriptions, drugs, medicines, sick room supplies or items of personal hygiene have been taken from the premises where sold, distributed or dispensed.

(1) Those drugs and sick room supplies legally dispensed by prescription in unit dose forms or in sealed single or multiple dose ampoules or vials in which the pharmacist can readily determine that entry or attempted entry by any means has not been made and which, in the pharmacist's professional judgment, meet the standards of the United States Pharmacopeia for storage conditions including temperature, light sensitivity, chemical and physical stability may be returned.

(2) Pharmacies serving hospitals and long-term care facilities may accept for return and reuse, unit dose packages or full or partial multiple dose medication cards based on the following criteria;

(a) The pharmacist can readily determine that entry or attempt at entry to the unit dose package or blister card has not been made;

(b) In the pharmacist's professional judgment, the unit dose package or full or partial multiple dose medication card meets the standards of the United States Pharmacopeia for storage conditions including temperature, light sensitivity, chemical and physical stability;

(c) The drug has been stored in such a manner as to prevent contamination by a means that would affect the efficacy and toxicity of the drug;

(d) The drug has not come into physical possession of the person for whom it was prescribed and control of the drug being returned is known to the pharmacist to have been the responsibility of a person trained and knowledgeable in the storage and administration of drugs;

(e) The drug labeling or packaging has not been altered or defaced so that the identity of the drug, its potency, lot number, and expiration date is retrievable.

(f) If the drug is prepackaged, it shall not be mixed with drugs of different lot numbers and/or expiration dates unless the specific lot numbers are retrievable and the expiration dates accompany the drug. If the drug is extemporaneously packaged, it shall not be mixed with drugs of different expiration dates unless the earliest expiration date appears on the label of the drug.

(3) This rule shall not include items such as orthopedic appliances, crutches, canes, wheelchairs and other similar items unless otherwise prohibited.

(4) Controlled substances shall not be returned to a pharmacy except for destruction in accordance with rules of the drug enforcement administration or the Washington state board of pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-12-020 (Order 187), § 360-16-150, filed 5/25/84; Regulation 28, filed 3/23/60.]

**WAC 246-869-140 Prescription department—Conversing with pharmacist prohibited.** Henceforth the prescription department of every licensed pharmacy in the state of Washington shall be protected against trespass by the lay public. No person shall be permitted to converse with a registered pharmacist while he or she is engaged in compounding a prescription, except nothing in this promulgation shall prevent one pharmacist from consulting with another pharmacist, a physician, a dentist or a veterinary surgeon, regarding the contents or technique connected with or pertaining to, the prescription being compounded.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-140, filed 8/30/91, effective 9/30/91; Regulation 37, filed 11/23/60.]

**WAC 246-869-150 Physical standards for pharmacies—Adequate stock.** (1) The pharmacy must maintain at all times a representative assortment of drugs in order to meet the pharmaceutical needs of its patients.

(2) Dated items—All merchandise which has exceeded its expiration date must be removed from stock.

(3) All stock and materials on shelves or display for sale must be free from contamination, deterioration and adulteration.

(4) All stock and materials must be properly labeled according to federal and state statutes, rules and regulations.

(5) Devices that are not fit or approved by the FDA for use by the ultimate consumer shall not be offered for sale and must be removed from stock.

(6) All drugs shall be stored in accordance with USP standards and shall be protected from excessive heat or freezing except as those drugs that must be frozen in accordance with the requirements of the label. If drugs are exposed to excessive heat or frozen when not allowed by the requirements of the label, they must be destroyed.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-150, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 85-11-066 (Order 194), § 360-16-200, filed 5/21/85; Order 131, § 360-16-200, filed 2/4/77; Order 51 (part), filed 8/15/67.]

**WAC 246-869-160 Physical standards for pharmacies—Adequate facilities.** (1) The prescription department shall be well lighted (adequately to allow any person with normal vision to read a label without strain, 30-50 foot candles).

(2) The prescription department shall be well ventilated. There shall be a constant flow of air through the area.

(3) There shall be a minimum of three linear feet by a minimum of 18 inches in depth of counter working space for each pharmacist or intern compounding or filling prescriptions at the same time.

(4) The prescription counter shall be uncluttered and clean at all times. Only those items necessary to the filling of prescriptions shall be thereon. (Profile systems are excepted.)

(5) There shall be a sink with hot and cold running water in the prescription compounding area.

(6) There shall be refrigeration facilities with a thermometer in the prescription compounding area for the storage of pharmaceutical items requiring refrigeration. USP standards of refrigeration require that the temperature be maintained between two degrees and eight degrees Centigrade (36 degrees and 46 degrees Fahrenheit). A locked refrigerator in the immediate vicinity of the prescription department will meet the requirements of this paragraph.

(7) The prescription department shall be situated so that the public shall not have free access to the area where legend drugs, controlled substances, poisons, or other restricted items are stored, compounded or dispensed.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-160, filed 8/30/91, effective 9/30/91; Order 131, § 360-16-210, filed 2/4/77; Order 51 (part), filed 8/15/67.]

**WAC 246-869-170 Physical standards for pharmacies—Sanitary conditions.** (1) The walls, ceilings, floors and windows shall be clean, free from cracked and peeling paint or plaster, and in general good repair and order.

(2) Adequate trash receptacles shall be available, both in the prescription compounding and in the retail areas.

(3) If a restroom is provided, there must be a sink with hot and cold running water, soap and towels, and the toilet must be clean and sanitary.

(4) All equipment must be kept in a clean and orderly manner. That equipment used in the compounding of prescriptions (counting, weighing, measuring, mixing and stirring equipment) must be clean and in good repair.

(5) All professional personnel and staff, while working in the pharmacy, shall keep themselves and their apparel neat and clean.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-170, filed 8/30/91, effective 9/30/91; Order 131, § 360-16-220, filed 2/4/77; Order 51 (part), filed 8/15/67.]

**WAC 246-869-180 Physical standards for pharmacies—Adequate equipment.** (1) All pharmacies shall have in their possession the equipment and supplies necessary to compound, dispense, label, administer and distribute drugs and devices. The equipment shall be in good repair and shall be available in sufficient quantity to meet the needs of the practice of pharmacy conducted therein.

(2) All pharmacies will have in their possession:

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(a) One up-to-date copy of the state of Washington statutes, rules and regulations governing the practice of pharmacy, the sale and dispensing of drugs, poisons, controlled substances, and medicines maintained in a binder.

(3) All pharmacies shall have up-to-date references in order for the pharmacist(s) to furnish patients and practitioners with information concerning drugs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-180, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 85-11-066 (Order 194), § 360-16-230, filed 5/21/85; 84-03-015 (Order 180), § 360-16-230, filed 1/9/84; Order 131, § 360-16-230, filed 2/4/77; Order 118, § 360-16-230, filed 1/2/74; Order 51 (part), filed 8/15/67.]

**WAC 246-869-190 Pharmacy inspections.** (1) All pharmacies shall be subject to periodic inspections to determine compliance with the laws regulating the practice of pharmacy.

(2) Each inspected pharmacy shall receive a classification rating which will depend upon the extent of that pharmacy's compliance with the inspection standards.

(3) There shall be three rating classifications:

(a) "Class A" - for inspection scores of 90 to 100;

(b) "Conditional" - for inspection scores of 80 to 89; and,

(c) "Unsatisfactory" - for inspection scores below 80.

(4) Any pharmacy receiving a conditional rating shall have sixty days to raise its inspection score rating to 90 or better. If upon reinspection after sixty days, the pharmacy fails to receive a rating of 90 or better, then the pharmacy will be subject to disciplinary action.

(5) Any pharmacy receiving an unsatisfactory rating shall have fourteen days to raise its inspection score rating to 90 or better. If upon reinspection after fourteen days, the pharmacy fails to receive a rating of 90 or better, then the pharmacy will be subject to disciplinary action.

(6) The certificate of inspection must be posted in conspicuous view of the general public and shall not be removed or defaced.

(7) Noncompliance with the provisions of chapter 18.64A RCW (Pharmacy assistants) and, chapter 246-901 WAC (Pharmacy assistants) resulting in a deduction of at least five points shall result in an automatic unsatisfactory rating regardless of the total point score.

(8) Pharmacies receiving an unsatisfactory rating which represent a clear and present danger to the public health, safety and welfare will be subject to summary suspension of the pharmacy license.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-869-190, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-190, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 87-08-031 (Order 205), § 360-16-235, filed 3/27/87.]

**WAC 246-869-200 Poison control.** (1) The telephone number of the nearest poison control center shall be readily available.

(2) Each pharmacy shall maintain at least one ounce bottle of Ipecac syrup in stock at all times.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-200, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 87-08-031 (Order 205), § 360-16-245, filed 3/27/87; Order 120, § 360-16-245, filed 3/11/74.]

**WAC 246-869-210 Prescription labeling.** To every prescription container, there shall be fixed a label or labels bearing the following information:

(1) All information as required by RCW 18.64.246, provided that in determining an appropriate period of time for which a prescription drug may be retained by a patient after its dispensing, the dispenser shall take the following factors into account:

- (a) The nature of the drug;
- (b) The container in which it was packaged by the manufacturer and the expiration date thereon;
- (c) The characteristics of the patient's container, if the drug is repackaged for dispensing;
- (d) The expected conditions to which the article may be exposed;
- (e) The expected length of time of the course of therapy; and
- (f) Any other relevant factors.

The dispenser shall, on taking into account the foregoing, place on the label of a multiple unit container a suitable beyond-use date or discard-by date to limit the patient's use of the drug. In no case may this date be later than the original expiration date determined by the manufacturer.

(2) The quantity of drug dispensed, for example the volume or number of dosage units.

(3) The following statement, "Warning: State or federal law prohibits transfer of this drug to any person other than the person for whom it was prescribed."

(4) The information contained on the label shall be supplemented by oral or written information as required by WAC 246-869-220.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-869-210, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-210, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.246. 85-06-010 (Order 193), § 360-16-255, filed 2/22/85. Statutory Authority: RCW 18.64.005. 84-22-027 (Order 191), § 360-16-255, filed 11/1/84.]

**WAC 246-869-220 Patient counseling required.** The purpose of this counseling requirement is to educate the public in the use of drugs and devices dispensed upon a prescription.

(1) The pharmacist shall directly counsel the patient or patient's agent on the use of drugs or devices.

(2) For prescriptions delivered outside of the pharmacy, the pharmacist shall offer in writing, to provide direct counseling and information about the drug, including information on how to contact the pharmacist.

(3) For each patient, the pharmacist shall determine the amount of counseling that is reasonable and necessary under the circumstance to promote safe and effective administration of the medication and to facilitate an appropriate therapeutic outcome for that patient from the prescription.

(4) This rule applies to all prescriptions except where a medication is to be administered by a licensed health professional authorized to administer medications.

[Statutory Authority: RCW 18.64.005(7). 01-04-055, § 246-869-220, filed 2/5/01, effective 3/8/01. Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-869-220, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-220, filed 8/30/91, effective 9/30/91. Statu-

tory Authority: RCW 18.64.005. 89-04-016 (Order 223), § 360-16-265, filed 1/23/89.]

**WAC 246-869-230 Child-resistant containers.** (1) All legend drugs shall be dispensed in a child-resistant container as required by federal law or regulation, including CFR Part 1700 of Title 16, unless:

(a) Authorization is received from the prescriber to dispense in a container that is not child-resistant.

(b) Authorization is obtained from the patient or a representative of the patient to dispense in a container that is not child-resistant.

(2) Authorization from the patient to the pharmacist to use a regular container (nonchild-resistant) shall be verified in one of the following ways:

(a) The patient or his agent may sign a statement on the back of the prescription requesting a container that is not child-resistant.

(b) The patient or his agent may sign a statement on a patient medication record requesting containers that are not child-resistant.

(c) The patient or his agent may sign a statement on any other permanent record requesting containers that are not child-resistant.

(3) No pharmacist or pharmacy employee may designate himself or herself as the patient's agent.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-230, filed 8/30/91, effective 9/30/91; Order 126, § 360-16-270, filed 5/21/75.]

**WAC 246-869-235 Prescription drug repackaging—Definitions.** (1) "Unit-dose" means the ordered amount of a drug in an individually sealed package and in a dosage form ready for administration to a particular person by the prescribed route at the prescribed time.

(2) "Unit-of-use" means a sufficient quantity of a drug for one normal course of therapy.

(3) "Lot number," "control number" means any distinctive combination of letters, numbers, or symbols, or any combination of them, from which a complete history of the manufacturer, processing, packing, holding, and distribution of a batch or lot of drug product or other material can be determined.

(4) "Med-pack" means any package prepared under the immediate supervision of a pharmacist for a specific patient comprising a series of containers and containing one or more prescribed solid oral dosage forms including multifill blister packs.

[Statutory Authority: RCW 18.64.005. 93-01-051 (Order 320B), § 246-869-235, filed 12/10/92, effective 1/10/93.]

**WAC 246-869-250 Closing a pharmacy.** (1) Whenever a pharmacy ceases to operate, the owner shall notify the pharmacy board of the pharmacy's closing not later than fifteen days prior to the anticipated date of closing. This notice shall be submitted in writing and shall contain all of the following information:

(a) The date the pharmacy will close;

(b) The names and addresses of the persons who shall have custody of the prescription files, the bulk compounding

records, the repackaging records, and the controlled substances inventory records of the pharmacy to be closed;

(c) The names and addresses of any persons who will acquire any of the legend drugs from the pharmacy to be closed, if known at the time the notification is filed.

(2) Not later than 15 days after the pharmacy has closed, the owner shall submit to the pharmacy board the following documents:

- (a) The license of the pharmacy that closed; and
- (b) A written statement containing the following information:
  - (i) Confirmation that all legend drugs have been transferred to an authorized person (or persons) or destroyed. If the legend drugs were transferred, the names and addresses of the person(s) to whom they were transferred;
  - (ii) If controlled substances were transferred, a list of the names and addresses to whom the substances were transferred, the substances transferred, the amount of each substance transferred, and the date on which the transfer took place;
  - (iii) Confirmation that the drug enforcement administration (DEA) registration and all unused DEA 222 forms (order forms) were returned to the DEA;
  - (iv) Confirmation that all pharmacy labels and blank prescriptions which were in the possession of the pharmacy were destroyed;
  - (v) Confirmation that all signs and symbols indicating the presence of the pharmacy have been removed.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-250, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.41.240. 83-10-013 (Order 174), § 360-16-300, filed 4/26/83.]

**WAC 246-869-255 Customized patient medication packages.** The board approves the use of med-pack containers in the dispensing of prescription drugs within the same pharmacy, provided that:

- (1) The pharmacy must maintain custody of the original prescription container at the pharmacy;
- (2) No more than a thirty-one day supply of drugs is packaged;
- (3) The signature of the patient or the patient's agent is obtained for dispensing in a nonchild resistant container;
- (4) The container's label bear the following information:
  - (a) Pharmacy name and address;
  - (b) Patient's name;
  - (c) Drug name, strength, quantity;
  - (d) Directions;
  - (e) Serial prescription numbers; date
  - (f) Prescriber's name, and pharmacist's initials.

[Statutory Authority: RCW 18.64.005. 93-01-051 (Order 320B), § 246-869-255, filed 12/10/92, effective 1/10/93.]

**Chapter 246-870 WAC**

**ELECTRONIC TRANSMISSION OF PRESCRIPTION INFORMATION**

**WAC**

246-870-010 246-870-020	Purpose. What definitions do I need to know to understand these rules?
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246-870-030 246-870-040 246-870-050 246-870-060 246-870-070 246-870-080 246-870-090	What is included in the electronic transmission and transfer of prescription information? Can all prescriptions be transmitted electronically? What are the requirements for fax machines? What are the board requirements for electronic prescription transmission systems? What are the board requirements for pharmacies using electronic prescription transmission systems? Can prescription records be stored electronically? Can electronic mail systems be used to transmit patient information?
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**WAC 246-870-010 Purpose.** The purpose of this chapter is to ensure compliance with the law on electronic transfer of prescription information and to provide guidance on how compliance can be achieved.

[Statutory Authority: Chapters 69.41, 69.50 RCW, RCW 18.64.005. 03-24-070, § 246-870-010, filed 12/1/03, effective 1/1/04.]

**WAC 246-870-020 What definitions do I need to know to understand these rules?**

(1) "Electronic transmission of prescription information" means the communication from an authorized prescriber to a pharmacy or from one pharmacy to another pharmacy, by computer, by the transmission of an exact visual image of a prescription by facsimile, or by other electronic means other than electronic voice communication, of original prescription information or prescription refill information for a legend drug or controlled substance consistent with state and federal law.

(2) "Confidential patient information" means information maintained in the patient's health care records or individually identifiable health care records. Confidential information must be maintained and protected from release in accordance with chapter 70.02 RCW and applicable federal law.

(3) "Digital signature" means an electronic identifier that provides for message integrity, nonrepudiation, user authentication, and encryption and is intended to have the force and effect of a manual signature.

(4) "Electronic signature" means an electronic sound, symbol, or process attached to or logically associated with a prescription and executed or adopted by an authorized person with the intent to sign the prescription.

(5) "Security" means a system to maintain the confidentiality and integrity of patient records including:

- (a) Documented formal procedures for selecting and executing security measures;
- (b) Physical safeguards to protect computer systems and other pertinent equipment from intrusion;
- (c) Processes to protect, control and audit access to confidential patient information; and
- (d) Processes to prevent unauthorized access to the data when transmitted over communication networks or when data physically moves from one location to another using media such as magnetic tape, removable drives or CD media.

[Statutory Authority: Chapters 69.41, 69.50 RCW, RCW 18.64.005. 03-24-070, § 246-870-020, filed 12/1/03, effective 1/1/04.]

[Statutory Authority: Chapters 69.41, 69.50 RCW, RCW 18.64.005. 03-24-070, § 246-870-020, filed 12/1/03, effective 1/1/04.]

**WAC 246-870-030 What is included in the electronic transmission and transfer of prescription information?**

The electronic transfer of prescription information includes the communication of prescription information by computer, fax, or other electronic means. It includes the transfer of orig-

inal and refill prescriptions and the transfer of prescription information from one pharmacy to another pharmacy.

Transmission of original prescriptions must include:

- (1) Prescriber's name and the physical address of the prescriber;
- (2) Prescriber's Drug Enforcement Administration Registration number where required for controlled substance prescriptions;
- (3) Date of issuance;
- (4) Patient's name and address;
- (5) Drug name, dose, route, form, directions for use, quantity;
- (6) Electronic, digital, or manual signature of the prescriber;
- (7) Refills or renewals authorized, if any;
- (8) A place to note allergies and a notation of purpose for the drug;
- (9) Indication of preference for a generic equivalent drug substitution;
- (10) Any other requirements consistent with laws and rules pertaining to prescription content and form, RCW 69.41.120 and 21 Code of Federal Regulations Part 1300; and
- (11) Identification of the electronic system readily retrievable for board of pharmacy inspection.

Transfer of prescription information from pharmacy to pharmacy by facsimile, or verbally, must include:

- (a) All elements of the original prescription;
- (b) Date of transfer maintained in records at each site;
- (c) Number of refills remaining and the date of last refill;
- (d) State and federal required information for controlled substances;
- (e) No further refills may be issued by the transferring pharmacy unless the pharmacies use a common electronic data base for prescription filling which provides an audit trail to document each refill and limits refills to the number authorized.

[Statutory Authority: Chapters 69.41, 69.50 RCW, RCW 18.64.005. 03-24-070, § 246-870-030, filed 12/1/03, effective 1/1/04.]

**WAC 246-870-040 Can all prescriptions be transmitted electronically?** Consistent with state and federal laws and rules over-the-counter, legend drug and controlled substance prescriptions may be transmitted electronically.

Federal and state law do not allow the electronic transfer of Schedule II prescriptions except exact visual images as described in WAC 246-870-050(3). The pertinent requirements for Schedule II prescriptions are found in RCW 69.50.308 and 21 CFR Part 1306.

[Statutory Authority: Chapters 69.41, 69.50 RCW, RCW 18.64.005. 03-24-070, § 246-870-040, filed 12/1/03, effective 1/1/04.]

**WAC 246-870-050 What are the requirements for fax machines?** Prescription orders may be transmitted to pharmacists directly from the prescriber using facsimile transmission devices subject to the following requirements:

- (1) The order contains the date, time, and telephone number and location of the transmitting device.
- (2) Prescriptions for Schedule III, IV, and V drugs may be transmitted at any time.
- (3) Prescriptions for Schedule II drugs may be transmitted only under the following conditions:

(a) The order is for an injectable Schedule II narcotic substance that is to be compounded by the pharmacist for patient use; or

(b) The prescription is written for patients in a long-term care facility or a hospice program as defined in RCW 69.50.308;

(c) The prescription must be signed by the prescriber;

(d) In a nonemergent situation, an order for Schedule II controlled substances may be prepared for delivery to a patient pursuant to a facsimile transmission but may not be dispensed to the patient except upon presentation of a written order;

(e) In an emergent situation, an order for Schedule II controlled substances may be dispensed to the patient upon the oral prescription of a prescriber subject to the requirements of RCW 69.50.308(c). The pharmacy has seven days to obtain a written prescription that covers an emergency Schedule II oral prescription;

(f) To a hospital as defined in WAC 246-873-010 for a patient admitted to or being discharged from the hospital.

(4) The transmitted order shall be filed in the same manner as any other prescription. However, the pharmacist is responsible for assuring that the quality of the order is sufficient to be legible for at least two years pursuant to the records retention requirements of WAC 246-869-100.

(5) Refill authorizations for prescriptions may be electronically transmitted.

(6) The pharmacist is responsible for assuring that each electronically transmitted prescription is valid and shall verify authenticity with the prescriber whenever there is a question.

(7) No agreement between a prescriber and a pharmacist or pharmacy shall require that prescription orders be electronically transmitted from the prescriber to only that pharmacy.

[Statutory Authority: Chapters 69.41, 69.50 RCW, RCW 18.64.005. 03-24-070, § 246-870-050, filed 12/1/03, effective 1/1/04.]

**WAC 246-870-060 What are the board requirements for electronic prescription transmission systems?** (1) Systems for the electronic transmission of prescription information must be approved by the board. Board approval of systems will be for a period of three years. The board will maintain a list of approved systems.

(2) Systems in which prescriptions are transmitted from the prescriber's facsimile machine to the pharmacy facsimile machine do not require board approval.

(3) Each system shall have policies and procedures on the electronic transmission of prescription information available that address the following:

(a) Patient access. The system may not restrict the patient's access to the pharmacy of their choice.

(b) Security. The system shall have security and system safeguard designed to prevent and detect unauthorized access, modification, or manipulation of prescription information. Accordingly, the system should include:

(i) Documented formal procedures for selecting and executing security measures;

(ii) Physical safeguards to protect computer systems and other pertinent equipment from intrusion;

(iii) Processes to protect, control and audit access to confidential patient information; and

(iv) Processes to prevent unauthorized access to the data when transmitted over communication networks or when data physically moves from one location to another using media such as magnetic tape, removable drives or CD media.

(c) Systems that utilize intermediaries in the electronic communication or processing of prescriptions such as third party payers shall be responsible to insure that their contracts with these intermediaries require security measures that are equal to or better than those provided by this rule and prohibit the modification of any prescription record after it has been transmitted by the practitioner to the pharmacist.

(d) Confidentiality of patient records. The system shall maintain the confidentiality of patient information in accordance with the requirements of chapters 18.64, 69.50, and 70.02 RCW Health Care Information Act and any applicable federal law.

(e) Authentication. To be valid prescriptions transmitted by an authorized prescriber from computer to fax machine or from computer to computer must use an electronic signature or digital signature.

(4) The system shall provide for the transmission and retention of the information by the sender and the receiver of the prescription as required in WAC 246-870-030.

(5) The system must authenticate the sender's authority and credentials to transmit a prescription.

(a) The system shall provide an audit trail of all prescriptions electronically transmitted that documents for retrieval all actions and persons who have acted on a prescription, including authorized delegation of transmission;

(b) The right of the Washington state board of pharmacy to access electronically submitted prescriptions for purposes of investigations in disciplinary proceedings.

(6) If a hard copy prescription, generated from the electronic prescription system, is printed on security paper that insures it is not subject to copying or alteration, an electronic signature may be substituted for a manual signature.

[Statutory Authority: Chapters 69.41, 69.50 RCW, RCW 18.64.005. 03-24-070, § 246-870-060, filed 12/1/03, effective 1/1/04.]

**WAC 246-870-070 What are the board requirements for pharmacies using electronic prescription transmission systems?** Each pharmacy must have policies and procedures that ensure the integrity and confidentiality of patient information transmitted electronically as required by chapter 70.02 RCW and applicable federal law. All pharmacy employees and agents of the pharmacy are required to read, sign and comply with the policy and procedures.

[Statutory Authority: Chapters 69.41, 69.50 RCW, RCW 18.64.005. 03-24-070, § 246-870-070, filed 12/1/03, effective 1/1/04.]

**WAC 246-870-080 Can prescription records be stored electronically?** Prescription records for legend drugs can be stored electronically if they are in compliance with chapter 246-875 WAC patient medication record systems and are readily retrievable by the board, or its agent for inspection. Controlled substance prescriptions must be maintained in accordance with state and federal regulations.

[Statutory Authority: Chapters 69.41, 69.50 RCW, RCW 18.64.005. 03-24-070, § 246-870-080, filed 12/1/03, effective 1/1/04.]

(2005 Ed.)

**WAC 246-870-090 Can electronic mail systems be used to transmit patient information?** Electronic mail systems can be used to transmit patient information concerning an original prescription or information concerning a prescription refill if all direct communications between a pharmacist and a practitioner are kept secure and confidential. The system used to communicate patient information shall meet the requirements for security and confidentiality in WAC 246-870-020.

[Statutory Authority: Chapters 69.41, 69.50 RCW, RCW 18.64.005. 03-24-070, § 246-870-090, filed 12/1/03, effective 1/1/04.]

## Chapter 246-871 WAC

### PHARMACEUTICAL—PARENTERAL PRODUCTS FOR NONHOSPITALIZED PATIENTS

#### WAC

246-871-001	Scope and purpose.
246-871-010	Definitions.
246-871-020	Policy and procedure manual.
246-871-030	Physical requirements.
246-871-040	Personnel.
246-871-050	Drug distribution and control.
246-871-060	Antineoplastic medications.
246-871-070	Clinical services.
246-871-080	Quality assurance.

**WAC 246-871-001 Scope and purpose.** The purpose of this chapter is to provide standards for the preparation, labeling, and distribution of parenteral products by licensed pharmacies, pursuant to an order or prescription. These standards are intended to apply to all parenteral products not administered in a hospital.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-001, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-010, filed 1/17/90, effective 2/17/90.]

**WAC 246-871-010 Definitions.** (1) Biological safety cabinet - A containment unit suitable for the preparation of low to moderate risk agents where there is a need for protection of the product, personnel, and environment according to National Sanitation Foundation (NSF) Standard 49.

(2) Class 100 environment - An atmospheric environment which contains less than 100 particles 0.5 microns in diameter per cubic foot of air, according to Federal Standard 209B.

(3) Antineoplastic - A pharmaceutical that has the capability of killing malignant cells.

(4) Parenteral - Sterile preparations of drugs for injection through one or more layers of skin.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-020, filed 1/17/90, effective 2/17/90.]

**WAC 246-871-020 Policy and procedure manual.** (1) A policy and procedure manual as it relates to parenteral products shall be available for inspection at the pharmacy. The manual shall be reviewed and revised on an annual basis by the on-site pharmacist-in-charge.

(2) The manual shall include policies and procedures for:  
(a) Clinical services;

- (b) Parenteral product handling, preparation, dating, storage, and disposal;
- (c) Major and minor spills of antineoplastic agents, if applicable;
- (d) Disposal of unused supplies and medications;
- (e) Drug destruction and returns;
- (f) Drug dispensing;
- (g) Drug labeling—relabeling;
- (h) Duties and qualifications for professional and non-professional staff;
- (i) Equipment;
- (j) Handling of infectious waste pertaining to drug administration;
- (k) Infusion devices and drug delivery systems;
- (l) Dispensing of investigational medications;
- (m) Training and orientation of professional and nonprofessional staff commensurate with the services provided;
- (n) Quality assurance;
- (o) Recall procedures;
- (p) Infection control:
  - (i) Suspected contamination of parenteral products;
  - (ii) Orientation of employees to sterile technique;
  - (q) Sanitation;
  - (r) Security;
  - (s) Transportation; and
  - (t) Absence of a pharmacist.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-030, filed 1/17/90, effective 2/17/90.]

**WAC 246-871-030 Physical requirements.** (1) Space. The pharmacy shall have a designated area with entry restricted to designated personnel for preparing compounded parenteral products. This area shall be designed to minimize traffic and airflow disturbances. It shall be used only for the preparation of these specialty products. It shall be of sufficient size to accommodate a laminar airflow hood and to provide for the proper storage of drugs and supplies under appropriate conditions of temperature, light, moisture, sanitation, ventilation, and security.

(2) Equipment. The pharmacy preparing parenteral products shall have:

(a) Appropriate environmental control devices capable of maintaining at least a Class 100 environment condition in the workspace where critical objects are exposed and critical activities are performed; furthermore, these devices are capable of maintaining Class 100 environment conditions during normal activity;

(b) Clean room and laminar flow hood certification shall be conducted annually by an independent contractor according to Federal Standard 209B or National Sanitation Foundation 49 for operational efficiency. These reports shall be maintained for at least two years;

(c) Prefilters. Prefilters for the clean air source shall be replaced on a regular basis and the replacement date documented;

(d) Sink with hot and cold running water which is convenient to the compounding area for the purpose of hand scrubs prior to compounding;

[Title 246 WAC—p. 1226]

- (e) Appropriate disposal containers for used needles, syringes, etc., and if applicable, antineoplastic agents;
- (f) Refrigerator/freezer with thermometer;
- (g) Temperature controlled delivery container, if appropriate;

(h) Infusion devices, if appropriate.

(3) Reference library. The pharmacy shall have current reference materials related to parenteral products. These reference materials will contain information on stability, incompatibilities, mixing guidelines, and the handling of antineoplastic products.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-040, filed 1/17/90, effective 2/17/90.]

**WAC 246-871-040 Personnel.** (1) Pharmacist-in-charge. Each pharmacy shall be managed on site by a pharmacist who is licensed to practice pharmacy in this state and who has been trained in the specialized functions of preparing and dispensing compounded parenteral products, including the principles of aseptic technique and quality assurance. This training may be obtained through residency training programs, continuing education programs, or experience in an IV admixture facility. The pharmacist-in-charge shall be responsible for the purchasing, storage, compounding, repackaging, dispensing, and distribution of all parenteral products. He/she shall also be responsible for the development and continuing review of all policies and procedures, training manuals, and the quality assurance programs. The pharmacist-in-charge may be assisted by additional pharmacists trained in this area of practice.

(2) Supportive personnel. The pharmacist-in-charge may be assisted by a level A pharmacy assistant. The level A pharmacy assistant shall have specialized training in this field and shall work under the immediate supervision of a pharmacist. The training provided to these personnel shall be described in writing in a training manual pursuant to chapter 246-901 WAC and chapter 18.64A RCW. The duties and responsibilities of the level A pharmacy assistant must be consistent with his/her training and experience.

(3) Staffing. A pharmacist shall be accessible twenty-four hours per day for each pharmacy to respond to patient's and other health professionals' questions and needs.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-871-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-060, filed 1/17/90, effective 2/17/90.]

**WAC 246-871-050 Drug distribution and control.** (1) Prescription. The pharmacist, or pharmacy intern acting under the immediate supervision of a pharmacist, must receive a written or verbal prescription from an authorized prescriber before dispensing any parenteral product. Prescriptions may be filed within the pharmacy by patient-assigned consecutive numbers. A new prescription is required every twelve months or upon any prescription change. These prescriptions shall, at a minimum, contain the following:

- (a) Patient name;

(2005 Ed.)

- (b) Patient address;
- (c) Drug name, strength, and dispensing quantity;
- (d) Patient directions for use;
- (e) Date written;
- (f) Authorizing prescriber's name;
- (g) Physician's address and Drug Enforcement Administration identification code, if applicable;
- (h) Refill instructions, if applicable; and
- (i) Provision for generic substitution.

(2) Profile or medication record system. A pharmacy-generated profile or medication record system must be separated from the oral prescription file. The patient profile or medication record system shall be maintained under the control of the pharmacist-in-charge for a period of two years after the last dispensing activity. The patient profile or medication record system shall contain, at a minimum:

- (a) Patient's full name;
- (b) Date of birth or age;
- (c) Weight, if applicable;
- (d) Sex, if applicable;
- (e) Parenteral products dispensed;
- (f) Date dispensed;
- (g) Drug content and quantity;
- (h) Patient directions;
- (i) Prescription identifying number;
- (j) Identification of dispensing pharmacist and preparing level A pharmacy assistant, if applicable;
- (k) Other drugs patient is receiving;
- (l) Known drug sensitivities and allergies to drugs and foods;
- (m) Primary diagnosis, chronic conditions; and
- (n) Name of manufacturer and lot numbers of components or a policy for return of recalled product if lot numbers are not recorded.

(3) Labeling. Parenteral products dispensed to patients shall be labeled with the following information with a permanent label:

- (a) Name, address, and telephone number of the pharmacy;
- (b) Date and prescription identifying number;
- (c) Patient's full name;
- (d) Name of each component, strength, and amount;
- (e) Directions for use including infusion rate;
- (f) Prescriber's name;
- (g) Required transfer warnings;
- (h) Date of compounding;
- (i) Expiration date and expiration time, if applicable;
- (j) Identity of pharmacist compounding and dispensing or other authorized individual;
- (k) Storage requirements;
- (l) Auxiliary labels, where applicable;
- (m) Antineoplastic drug auxiliary labels, where applicable; and
- (n) On all parenteral products, a twenty-four hour phone number where a pharmacist can be contacted.

(4) Records and reports. The pharmacist-in-charge shall maintain access to and submit, as appropriate, such records and reports as are required to ensure patient's health, safety, and welfare. Such records shall be readily available, maintained for two years, and subject to inspections by the board

of pharmacy. These shall include, as a minimum, the following:

- (a) Patient profile/medication record system;
- (b) Policy and procedure manual;
- (c) Training manuals; and
- (d) Such other records and reports as may be required by law and rules of the board of pharmacy.

Information regarding individual patients shall be maintained in a manner to assure confidentiality of the patient's record. Release of this information shall be in accordance with federal and/or state laws or rules.

(5) Delivery service. There will be a provision for the timely delivery of parenteral products from a pharmacy so a practitioner's order for drug therapy can be implemented without undue delay. The pharmacist-in-charge shall assure the environmental control of all parenteral products shipped. Therefore, any parenteral products must be shipped or delivered to a patient in appropriate temperature controlled delivery containers (as defined by USP Standards) and stored appropriately in the patient's home. Chain of possession for the delivery of controlled substances via contracted courier must be documented, and a receipt required. The pharmacy, on request, will provide instruction for the destruction of unused parenteral products and supplies in the event a parenteral product is being discontinued or a patient dies.

(6) Disposal of infectious wastes. The pharmacist-in-charge is responsible for assuring that there is a system for the disposal of infectious waste pertaining to drug administration in a manner so as not to endanger the public health.

(7) Emergency kit. When parenteral products are provided to home care patients, the dispensing pharmacy may supply the registered nurse with emergency drugs if the physician has authorized the use of these drugs by a protocol for use in an emergency situation, e.g., anaphylactic shock. A protocol for the emergency kit must be submitted to and approved by the board of pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-070, filed 1/17/90, effective 2/17/90.]

**WAC 246-871-060 Antineoplastic medications.** The following additional requirements are necessary for those pharmacies that prepare antineoplastic medications to assure the protection of the personnel involved.

(1) All antineoplastic medications shall be compounded within a certified Class II type A or Class II type B vertical laminar airflow hood.

Policy and procedures shall be developed for the cleaning of the laminar airflow hood between compounding antineoplastic medications and other parenteral products, if applicable.

(2) Protective apparel shall be worn by personnel compounding antineoplastic medications. This shall include disposable gloves, gowns with tight cuffs, masks, and protective eye shields if the safety cabinet is not equipped with splash guards.

(3) Appropriate safety containment techniques for compounding antineoplastic medications shall be used in conjunction with the aseptic techniques required for preparing parenteral products.

(4) Disposal of antineoplastic waste shall comply with all applicable local, state, and federal requirements, i.e., Occupational Safety and Health Administration (OSHA) and Washington Industrial Safety and Health Administration (WISHA).

(5) Written procedures for handling both major and minor spills of antineoplastic medications must be developed and must be included in the policy and procedure manual. These procedures will include providing spill kits along with directions for use to those persons receiving therapy.

(6) Prepared doses of antineoplastic medications must be dispensed and shipped in a manner to minimize the risk of accidental rupture of the primary container.

(7) Documentation that personnel have been trained in compounding, handling, and destruction of antineoplastic medications.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-080, filed 1/17/90, effective 2/17/90.]

**WAC 246-871-070 Clinical services.** (1) Primary provider. There shall be an authorizing practitioner primarily responsible for the patient's medical care. There shall be a clear understanding between the authorizing practitioner, the patient, the home health care agency, and the pharmacy of the responsibilities of each in the areas of the delivery of care and the monitoring of the patient. This shall be documented in the patient's medication record system.

(2) A systematic process of medication use review must be designed, followed, and documented on an ongoing basis.

(3) Pharmacist-patient relationship. The pharmacist is responsible for seeing that the patient's compliance and adherence to a medication regimen is followed.

(4) Patient monitoring. The pharmacist will have access to clinical and laboratory data concerning each patient. Any abnormal values will be reported to the authorizing practitioner in a timely manner.

(5) Documentation. There must be documentation of ongoing drug therapy monitoring and assessment shall include but not be limited to:

(a) Therapeutic duplication in the patient's drug regimen;  
(b) The appropriateness of the dose, frequency, and route of administration;

(c) Clinical laboratory or clinical monitoring methods to detect side effects, toxicity, or adverse effects and whether the findings have been reported to the authorizing practitioner.

(6) Patient training. The patient, the patient's agent, the authorizing practitioner, the home health care agency, or the pharmacy must demonstrate or document the patient's training and competency in managing this type of therapy in the home environment. A pharmacist is responsible for the patient training process in any area that relates to medication compounding, labeling, storage, stability, or incompatibility. The pharmacist must be responsible for seeing that the patient's competency in the above areas is reassessed on an ongoing basis.

(7) A pharmacist will verify that any parenteral product a patient has not received before will be administered under

the supervision of a person authorized to manage anaphylaxis.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-090, filed 1/17/90, effective 2/17/90.]

**WAC 246-871-080 Quality assurance.** There shall be a documented, ongoing quality assurance program that is reviewed at least annually.

(1) The quality assurance program shall include but not be limited to methods to document:

- (a) Medication errors;
- (b) Adverse drug reactions;
- (c) Patient satisfaction;
- (d) Product sterility.

There shall be written documentation that the end product has been tested on a sampling basis for microbial contamination by the employee responsible for compounding parenteral products. Documentation shall be on a quarterly basis at a minimum.

(2) Nonsterile compounding. If bulk compounding of parenteral solutions is performed utilizing nonsterile chemicals, extensive end product testing, as referenced in *Remington*, must be documented prior to the release of the product from quarantine. This process must include appropriate testing for particulate matter and testing for pyrogens.

(3) Expiration dates. There shall be written justification of the chosen expiration dates for compounded parenteral products.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-100, filed 1/17/90, effective 2/17/90.]

## Chapter 246-873 WAC

### PHARMACY—HOSPITAL STANDARDS

#### WAC

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**WAC 246-873-010 Definitions.** For the purpose of these rules and regulations, the following definitions apply:

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

(2) "Controlled substance" means those drugs, substances or immediate precursors listed in Schedule I through V, chapter 69.50 RCW, State Uniform Controlled Substance Act, as now or hereafter amended.

(3) "Drug" means any product referenced in RCW 18.64.011(3) as now or hereafter amended.

(4) "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 it 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.

(5) "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.

(6) "Hospital" means any institution licensed pursuant to chapters 70.41 or 71.12 RCW or designated pursuant to RCW 72.23.020.

(7) "Hospital pharmacy" means that portion of a hospital which is engaged in the manufacture, production, preparation, dispensing, sale, and/or distribution of drugs, components, biologicals, chemicals, devices and other materials used in the diagnosis and treatment of injury, illness and diseases; and which is licensed by the state board of pharmacy pursuant to the Washington State Pharmacy Practice Act, chapter 18.64 RCW.

(8) "Immediate supervision" means visual and/or physical proximity that insure adequate safety and controls.

(9) "Investigational drug" means any article which has not been approved for use in the United States, but for which an investigational drug application (IND) has been approved by the FDA.

(10) "Nurse" means a registered nurse or a licensed practical nurse licensed pursuant to chapters 18.88 or 18.78 RCW.

(11) "Practitioner" means any person duly authorized by law or rule in the state of Washington to prescribe drugs in RCW 18.64.011(9).

(12) "Pharmacist" means a person duly licensed by the state board of pharmacy to engage in the practice of pharmacy.

(13) "Pharmacy" means every place properly licensed by the board of pharmacy where the practice of pharmacy is conducted.

(14) "Pharmacy Assistant Level A and Level B" means persons certified under chapter 18.64A RCW.

(15) "Physician" means a doctor of medicine or a doctor of osteopathy licensed to practice in the state of Washington.

(16) "Practice of pharmacy" means the definition given in RCW 18.64.011(11) now or hereafter amended.

(17) "Protocol" means a written set of guidelines.

(18) "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.

(19) "Self-administration of drugs" means that a patient administers or takes his/her own drugs from properly labeled containers: Provided, That the facility maintains the responsibility for seeing that the drugs are used correctly and that the patient is responding appropriately.

(20) "Shall" means that compliance with regulation is mandatory.

(21) "Should" means that compliance with a regulation or standard is recommended.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12), 82-12-041 (Order 168), § 360-17-010, filed 5/28/82. Statutory Authority: RCW 18.64.005(11), 81-16-036 (Order 162), § 360-17-010, filed 7/29/81.]

**WAC 246-873-020 Applicability.** The following rules and regulations are applicable to all facilities licensed pursuant to chapters 70.41 and 71.12 RCW or designated pursuant to RCW 72.23.020.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12), 82-12-041 (Order 168), § 360-17-020, filed 5/28/82. Statutory Authority: RCW 18.64.005(11), 81-16-036 (Order 162), § 360-17-020, filed 7/29/81.]

**WAC 246-873-030 Licensure.** Hospital pharmacists shall be licensed by the board of pharmacy in accordance with chapter 18.64 RCW.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 81-16-036 (Order 162), § 360-17-030, filed 7/29/81.]

**WAC 246-873-040 Personnel.** (1) Director of pharmacy. The pharmacy, organized as a separate department or service, shall be directed by a licensed pharmacist appropriately qualified by education, training, and experience to manage a hospital pharmacy. The patient care and management responsibilities of the director of pharmacy shall be clearly delineated in writing and shall be in accordance with currently accepted principles of management, safety, adequate patient care and treatment. The responsibilities shall include the establishment and maintenance of policies and procedures, ongoing monitoring and evaluation of pharmaceutical service, use and control of drugs, and participation in relevant planning, policy and decision-making activities. Hospitals which do not require, or are unable to obtain the services of a fulltime director shall be held responsible for the principles contained herein and shall establish an ongoing arrangement in writing with an appropriately qualified pharmacist to provide the services. Where the director of pharmacy is not employed fulltime, then the hospital shall establish an ongoing arrangement in writing with an appropriately qualified pharmacist to provide the services described herein. The director of pharmacy shall be responsible to the chief executive officer of the hospital or his/her designee.

(2) Supportive personnel. The director of pharmacy shall be assisted by sufficient numbers of additional pharmacists and/or pharmacy assistants and clerical personnel required to operate safely and efficiently to meet the needs of the patients.

(3) Supervision. All of the activities and operations of each hospital pharmacy shall be professionally managed by the director or a pharmacist designee. Functions and activities shall be under the immediate supervision of a pharmacist and shall be performed according to written policies and procedures. When the hospital pharmacy is decentralized, each decentralized section(s) or separate organizational element(s)

shall be under the immediate supervision of a pharmacist responsible to the director.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 81-16-036 (Order 162), § 360-17-040, filed 7/29/81.]

**WAC 246-873-050 Absence of a pharmacist.** (1) General. Pharmaceutical services shall be available on a 24-hour basis. If round-the-clock services of a pharmacist are not feasible, arrangements shall be made in advance by the director of pharmacy to provide reasonable assurance of pharmaceutical services.

(2) Access to the pharmacy. Whenever a drug is required to treat an immediate need and not available from floor stock when the pharmacy is closed, the drug may be obtained from the pharmacy by a designated registered nurse, who shall be accountable for his/her actions. One registered nurse shall be designated in each hospital shift for removing drugs from the pharmacy.

(a) The director of pharmacy shall establish written policy and recording procedures to assist the registered nurse who may be designated to remove drugs from the pharmacy, when a pharmacist is not present, in accordance with Washington State Pharmacy Practice Act, RCW 18.64.255(2), which states that the director of pharmacy and the hospital be involved in designating the nurse.

(b) The stock container of the drug or similar unit dose package of the drug removed shall be left with a copy of the order of the authorized practitioner to be checked by a pharmacist, when the pharmacy reopens, or as soon as is practicable.

(c) Only a sufficient quantity of drugs shall be removed in order to sustain the patient until the pharmacy opens.

(d) All drugs removed shall be completely labeled in accordance with written policy and procedures, taking into account state and federal rules and regulations and current standards.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 81-16-036 (Order 162), § 360-17-050, filed 7/29/81.]

**WAC 246-873-060 Emergency outpatient medications.** The director of pharmacy of a hospital shall, in concert with the appropriate committee of the hospital medical staff, develop policies and procedures, which shall be implemented, to provide emergency pharmaceuticals to outpatients during hours when normal community or hospital pharmacy services are not available. The delivery of a single dose for immediate administration to the patient shall not be subject to this regulation. Such policies shall allow the designated registered nurse(s) to deliver medications other than controlled substances, pursuant to the policies and procedures which shall require that:

(1) An order of a practitioner authorized to prescribe a drug is presented. Oral or electronically transmitted orders must be verified by the prescriber in writing within 72 hours.

(2) The medication is prepackaged by a pharmacist and has a label that contains:

(a) Name, address, and telephone number of the hospital.

(b) The name of the drug (as required by chapter 246-899 WAC), strength and number of units.

(c) Cautionary information as required for patient safety and information.

(d) An expiration date after which the patient should not use the medication.

(3) No more than a 24-hour supply is provided to the patient except when the pharmacist has informed appropriate hospital personnel that normal services will not be available within 24 hours.

(4) The container is labeled by the designated registered nurse(s) before presenting to the patient and shows the following:

(a) Name of patient;

(b) Directions for use by the patient;

(c) Date;

(d) Identifying number;

(e) Name of prescribing practitioner;

(f) Initials of the registered nurse;

(5) The original or a direct copy of the order by the prescriber is retained for verification by the pharmacist after completion by the designated registered nurse(s) and shall bear:

(a) Name and address of patient;

(b) Date of issuance;

(c) Units issued;

(d) Initials of designated registered nurse.

(6) The medications to be delivered as emergency pharmaceuticals shall be kept in a secure place in or near the emergency room in such a manner as to preclude the necessity for entry into the pharmacy.

(7) The procedures outlined in this rule may not be used for controlled substances except at the following rural hospitals which met all three of the rural access project criteria on May 17, 1989:

Hospital	City
1. Lake Chelan Community Hospital	Chelan
2. St. Joseph's Hospital	Chewelah
3. Whitman Community Hospital	Colfax
4. Lincoln Hospital	Davenport
5. Dayton General Hospital	Dayton
6. Ocean Beach Hospital	Ilwaco
7. Newport Community Hospital	Newport
8. Jefferson General Hospital	Port Townsend
9. Ritzville Memorial Hospital	Ritzville
10. Willapa Harbor Hospital	South Bend

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-873-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-12-011 (Order 225), § 360-17-055, filed 5/26/89; 83-23-109 (Order 179), § 360-17-055, filed 11/23/83.]

**WAC 246-873-070 Physical requirements.** (1) Area. The pharmacy facilities shall include:

(a) Appropriate transportation and communications systems for the distribution and control of drugs within the hospital.

(b) Sufficient space and equipment for secure, environmentally controlled storage of drugs and other pharmaceutical supplies.

(2) In order to meet the medical services' need for drugs throughout the hospital, the pharmacy facilities should include:

(a) Space for the management and clinical functions of the pharmaceutical service.

(b) Space and equipment for the preparation of parenteral admixtures, radiopharmaceuticals, and other sterile compounding and packaging.

(c) Other equipment necessary.

(3) Access to unattended areas. All areas occupied by the hospital pharmacy shall be locked by key or combination in order to prevent access by unauthorized personnel. The director of pharmacy shall designate in writing, by title and/or position those individuals who shall be authorized access to particular areas within the pharmacy, including authorization of access to keys and/or combinations.

(4) Drug storage areas. Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.

(a) It is the joint responsibility of the director of pharmacy and the director of nursing to ensure that drug handling, storage, and preparation are carried out in conformance with established policies, procedures, and accepted standards.

(b) Locked storage or locked medication carts shall be provided for use on each nursing service area or unit.

(5) Flammable storage. All flammable material shall be stored and handled in accordance with applicable local and state fire regulations, and there shall be written policy and procedures for the destruction of these flammable materials.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 85-11-066 (Order 194), § 360-17-060, filed 5/21/85. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-060, filed 7/29/81.]

**WAC 246-873-080 Drug procurement, distribution and control.** (1) General. Pharmaceutical service shall include:

(a) Procurement, preparation, storage, distribution and control of all drugs throughout the hospital.

(b) A monthly inspection of all nursing care units or other areas of the hospital where medications are dispensed, administered or stored. Inspection reports shall be maintained for one year.

(c) Monitoring the drug therapy.

(d) Provisions for drug information to patients, physicians and others.

(e) Surveillance and reporting of adverse drug reactions and drug product defect(s).

(2) Additional pharmaceutical services should include:

(a) Obtaining and recording comprehensive drug histories and participation in discharge planning in order to affect appropriate drug use.

(b) Preparation of all sterile products (e.g., IV admixtures, piggybacks, irrigation solutions), except in emergencies.

(c) Distribution and control of all radiopharmaceuticals.

(d) Administration of drugs.

(e) Prescribing.

(3) The director shall be responsible for establishing specifications for procurement, distribution and the maintenance

of a system of accountability for drugs, IV solutions, chemicals, and biologicals related to the practice of pharmacy.

(4) The director shall establish, annually review and update when necessary comprehensive written policies and procedures governing the responsibilities and functions of the pharmaceutical service. Policies affecting patient care and treatment involving drug use shall be established by the director of pharmacy with the cooperation and input of the medical staff, nursing service and the administration.

(5) Labeling:

(a) Inpatient. All drug containers in the hospital shall be labeled clearly, legibly and adequately to show the drug's name (generic and/or trade) and strength when applicable. Accessory or cautionary statements and the expiration date shall be applied to containers as appropriate.

(b) Outpatients. Labels on medications used for outpatients, emergency room, and discharge drug orders shall meet the requirements of RCW 18.64.246.

(c) Parenteral and irrigation solutions. When drugs are added to intravenous solutions, a suitable label shall be affixed to the container. As a minimum the label shall indicate name and location of the patient, name and amount of drug(s) added, appropriate dating, initials of the personnel who prepared and checked the solution.

(6) Medication orders. Drugs are to be dispensed and administered only upon orders of authorized practitioners. A pharmacist shall review the original order or direct copy thereof, prior to dispensing any drug, except for emergency use or as authorized in WAC 246-873-050.

(7) Controlled substance accountability. The director of pharmacy shall establish effective procedures and maintain adequate records regarding use and accountability of controlled substances, and such other drugs as appropriate, in compliance with state and federal laws and regulations.

(a) Complete, accurate, and current records shall be kept of receipt of all controlled substances and in addition, a Schedule II perpetual inventory shall be maintained.

(b) The pharmacy shall maintain records of Schedule II drugs issued from the pharmacy to other hospital units which include:

(i) Date

(ii) Name of the drug

(iii) Amount of drug issued

(iv) Name and/or initials of the pharmacist who issued the drug

(v) Name of the patient and/or unit to which the drug was issued.

(c) Records shall be maintained by any unit of the hospital which utilizes Schedule II drugs indicating:

(i) Date

(ii) Time of administration

(iii) Name of the drug (if not already indicated on the records

(iv) Dosage of the drug which was used which shall include both the amount administered and any amount destroyed.

(v) Name of the patient to whom the drug was administered

(vi) Name of the practitioner who authorized the drug

(vii) Signature of the licensed individual who administered the drug.

(d) When it is necessary to destroy small amounts of controlled substances following the administration of a dose by a nurse, the destruction shall be witnessed by a second nurse who shall countersign the records of destruction.

(e) The director of the pharmacy shall develop written procedures for the proper destruction of controlled substances not covered by (d) above conforming with federal and state statutes. A copy of the procedures shall be forwarded to the Drug Enforcement Administration (DEA) and the state board of pharmacy. As a minimum, procedures shall include the following:

(i) All destructions shall render the drugs unrecoverable.

(ii) Destruction shall be accomplished by the pharmacist and one other licensed health professional.

(iii) Records of all destructions shall be maintained by the pharmacy. Quarterly summary reports shall be mailed to the DEA with copies to the state board of pharmacy.

(iv) A copy of the destruction record shall be maintained in the pharmacy for two years.

(f) Periodic monitoring of controlled substances records shall be performed by a nurse or a pharmacist to determine whether the drugs recorded on usage records have also been recorded on the patient's chart.

(g) Use of multiple dose vials of controlled substances shall be discouraged.

(h) Controlled substances, Schedule II and III, which are floor stocked, in any hospital patient or nursing service area shall be checked by actual count at the change of each shift by two authorized persons licensed to administer drugs.

(i) All controlled substance records shall be kept for two years.

(j) Hospitals wishing to use record systems other than that described above shall make application and receive written approval from the board of pharmacy prior to implementation.

(k) Significant losses or disappearances of controlled substances and the facts surrounding the discrepancy shall be reported to the board of pharmacy, the drug enforcement agency, the chief executive officer of the hospital and other appropriate authorities.

(8) Drug recall. The director shall develop and implement a recall procedure to assure that potential harm to patients within the hospital is prevented and that all drugs included on the recall are returned to the pharmacy for proper disposition.

(9) All medications administered to inpatients shall be recorded in the patient's medical record.

(10) Adverse drug reactions. All adverse drug reactions shall be appropriately recorded in the patient's record and reported to the prescribing practitioner and to the pharmacy.

(11) Drug errors. All drug errors shall upon discovery be recorded in an incident report and reported to the prescribing practitioner and to the pharmacy.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-873-080, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-070, filed 7/29/81.]

**WAC 246-873-090 Administration of drugs.** (1) General. Drugs shall be administered only upon the order of a practitioner who has been granted clinical privileges to write such orders. Verbal orders for drugs shall only be issued in emergency or unusual circumstances and shall be accepted only by a licensed nurse, pharmacist, or physician, and shall be immediately recorded and signed by the person receiving the order. Such orders shall be authenticated by the prescribing practitioner within 48 hours.

(2) Administration. Drugs shall be administered only by appropriately licensed personnel in accordance with state and federal laws and regulations governing such acts and in accordance with medical staff approved hospital policy.

(3) Patient's drugs. The hospital shall develop written policies and procedures for the administration of drugs brought into the hospital by or for patients.

(a) Drugs brought into the hospital by or for the patient shall be administered only when there is a written order by a practitioner. Prior to use, such drugs shall be identified and examined by the pharmacist to ensure acceptable quality for use in the hospital.

(b) Drugs from outside the hospital which are not used during the patient's hospitalization shall be packaged and sealed, if stored in the hospital, and returned to the patient at time of discharge or given to the patient's family.

(c) Return of drugs may be prohibited due to possible jeopardy of the patient's health.

(d) Written procedures shall be developed for the disposal of unreturned drugs.

(4) Self-administration. Self-administration of drugs shall occur only within approved protocols in accordance with a program of self-care or rehabilitation. Policy and specific written procedures, approved by the appropriate medical staff, nursing service and administration shall be established by the director of pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-080, filed 7/29/81.]

**WAC 246-873-100 Investigational drugs.** (1) Distribution. Storage, distribution, and control of approved investigational drugs used in the institution shall be the responsibility of the director of pharmacy or his designee. The pharmacy shall be responsible for maintaining and providing information on approved investigational drugs.

(2) General. Investigational drugs shall be properly labeled and stored for use only under the explicit direction of the authorized principal investigator or coinvestigator(s). Such drugs shall be approved by an appropriate medical staff committee.

(3) Administration. On approval of the principal investigator or coinvestigator(s), those authorized to administer drugs may administer these drugs after they have been given basic pharmacological information about the drug. Investigational drugs shall be administered in accordance with approved written protocol that includes any requirements for the patient's appropriate informed consent.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-090, filed 7/29/81.]

**WAC 246-873-110 Additional responsibilities of pharmacy service.** (1) General. The pharmacy service shall participate in other activities and committees within the hospital affecting pharmaceutical services, drugs and drug use.

(2) Quality assurance. The pharmaceutical service shall establish a pharmacy quality assurance program.

(3) Clinical activities. The director of pharmacy should develop clinically oriented programs, including but not limited to obtaining and recording comprehensive drug histories and participation in discharge planning to affect appropriate drug use, a formal drug information service, prescribing, and administration of drugs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-110, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 81-16-036 (Order 162), § 360-17-100, filed 7/29/81.]

### Chapter 246-875 WAC

#### PHARMACY—PATIENT MEDICATION RECORD SYSTEMS

##### WAC

246-875-001	Purpose.
246-875-010	Definitions.
246-875-020	Minimum required information in an automated patient medication record system.
246-875-030	Minimum required information in a manual patient medication record system.
246-875-040	Minimum procedures for utilization of a patient medication record system.
246-875-050	Auxiliary recordkeeping procedure.
246-875-060	Retrieval of information from an automated system.
246-875-070	Confidentiality and security of data.
246-875-080	Extension of time for compliance.

##### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-875-090	Effective date. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 84-03-016 (Order 181), § 360-19-100, filed 1/9/84.] Repealed by 92-12-035 (Order 277B), filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005.
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**WAC 246-875-001 Purpose.** The purpose of this chapter shall be to insure that a patient medical record system is maintained by all pharmacies and other sites where the dispensing of drugs takes place, in order to insure the health and welfare of the patients served. This system will consist of certain patient and prescription information, and shall provide the pharmacist within the pharmacy means to retrieve all new prescription and refill prescription information relevant to patients of the pharmacy. It shall be designed to provide adequate safeguards against the improper manipulation or alteration of records, and to provide an audit trail. It may be either a manual system or an automated data processing system for the storage and retrieval of prescription and patient information. If an automated data processing system is utilized, an auxiliary recordkeeping procedure shall be available for documentation of new and refill prescriptions in case the automated system is inoperative for any reason. Establishment of a patient medication record system is intended to insure that the information it contains will be reviewed by the pharmacist in a manner consistent with sound professional practice when each prescription is filled.

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[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-001, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 84-03-016 (Order 181), § 360-19-010, filed 1/9/84.]

**WAC 246-875-010 Definitions.** Terms used in this chapter shall have the meaning set forth in this section unless the context clearly indicates otherwise:

(1) "Address" means the place of residence of the patient.

(2) "Audit trail" means all materials and documents required for the entire process of filling a prescription, which shall be sufficient to document or reconstruct the origin of the prescription order, and authorization of subsequent modifications of that order.

(3) "Auxiliary recordkeeping procedure" means a back-up procedure used to record medication record system data in case of scheduled or unscheduled down-time of an automated data processing system.

(4) "Hard copy of the original prescription" shall include the prescription as defined in RCW 18.64.011(8) and/or the medical records or chart.

(5) "Therapeutic duplication" means two or more drugs in the same pharmacological or therapeutic category which when used together may have an additive or synergistic effect.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 84-03-016 (Order 181), § 360-19-020, filed 1/9/84.]

**WAC 246-875-020 Minimum required information in an automated patient medication record system.** An automated patient medication record system is an electronic system that must have the capability of capturing any data removed on a hard copy of microfiche copy. The hard copy of the original prescription and all documents in the audit trail shall be considered a part of this system.

(1) All automated patient medication record systems must maintain the following information with regard to ambulatory patients:

- Patient's full name and address.
- A serial number assigned to each new prescription.
- The date of all instances of dispensing a drug.
- The identification of the dispenser who filled the prescription.
- The name, strength, dosage form and quantity of the drug dispensed.
- Any refill instructions by the prescriber.
- The prescriber's name, address, and DEA number where required.
- The complete directions for use of the drug. The term "as directed" is prohibited pursuant to RCW 18.64.246 and 69.41.050.

(i) Any patient allergies, idiosyncrasies, or chronic condition which may relate to drug utilization. If there is no patient allergy data the pharmacist should indicate none or "NKA" (no known allergy) on the patient medication record.

(j) Authorization for other than child-resistant containers pursuant to WAC 246-869-230, if applicable.

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(2) All automated patient medication record systems must maintain the following information with regard to institutional patients:

- (a) Patient's full name.
- (b) Unique patient identifier.
- (c) Any patient allergies, idiosyncrasies, or chronic conditions which may relate to drug utilization. If there is no patient allergy data the pharmacist should indicate none or "NKA" (no known allergy) on the patient medication record.
- (d) Patient location.
- (e) Patient status, for example, active, discharge, or on-pass.
- (f) Prescriber's name, address, and DEA number where required.
- (g) Minimum prescription data elements:
  - (i) Drug name, dose, route, form, directions for use, prescriber.
  - (ii) Start date and time when appropriate.
  - (iii) Stop date and time when appropriate.
  - (iv) Amount dispensed when appropriate.
- (h) The system shall indicate any special medication status for an individual prescription, for example, on hold, discontinued, self-administration medication, investigational drugs, patient's own medications, special administration times, restrictions, controlled substances.
- (i) The system shall indicate on the labeling, and in the system, (for the pharmacist, nursing and/or physician alert) any special cautionary alerts or notations deemed necessary by the dispenser for the patient safety.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-875-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-030, filed 1/9/84.]

**WAC 246-875-030 Minimum required information in a manual patient medication record system.** A manual patient medication record system consists of the hard copy of the original prescription and a card or filing procedure that contains all data on new and refill prescriptions for a patient. This data must be organized in such a fashion that information relating to all prescription drugs used by a patient will be reviewed each time a prescription is filled.

(1) All manual patient medication record systems must maintain the following information with regard to ambulatory patients:

- (a) Patient's full name and address.
- (b) A serial number assigned to each new prescription.
- (c) The date of all instances of dispensing a drug.
- (d) The identification of the dispenser who filled the prescription.
- (e) The name, strength, dosage form and quantity of the drug dispensed.
- (f) The prescriber's name, address and DEA number where appropriate.
- (g) Any patient allergies, idiosyncrasies or chronic conditions which may relate to drug utilization. If there is no patient allergy data the pharmacist should indicate none or "NKA" (no known allergy) on the patient medication record.

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(2) All manual patient medication record systems must maintain the following information with regard to institutional patients:

- (a) Patient's full name.
- (b) Unique patient identifier.
- (c) Any patient allergies, idiosyncrasies, or chronic conditions which may relate to drug utilization. If there is no patient allergy data the pharmacist should indicate none or "NKA" (no known allergy) on the patient medication record.
- (d) Patient location.
- (e) Patient status, for example, active, discharge, or on-pass.
- (f) Prescriber's name, address and DEA number where required.
- (g) Minimum prescription data elements:
  - (i) Drug name, dose, route, form, directions for use, prescriber.
  - (ii) Start date and time when appropriate.
  - (iii) Stop date and time when appropriate.
  - (iv) Amount dispensed when appropriate.
- (h) The system shall indicate any special medication status for an individual prescription, for example, on hold, discontinued, self-administration medication, investigational drugs, patient's own medications, special administration times, restrictions, controlled substances.
- (i) The system shall indicate on the labeling, and in the system, (for the pharmacist, nursing and/or physician alert) any special cautionary alerts or notations deemed necessary by the dispenser for the patient safety.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-040, filed 1/9/84.]

**WAC 246-875-040 Minimum procedures for utilization of a patient medication record system.** Upon receipt of a prescription or drug order, a dispenser must examine visually or via an automated data processing system, the patient's medication record to determine the possibility of a clinically significant drug interaction, reaction or therapeutic duplication, and to determine improper utilization of the drug and to consult with the prescriber if needed. Any order modified in the system must carry in the audit trail the unique identifier of the person who modified the order. Any change in drug name, dose, route, dose form or directions for use which occurs after an initial dose has been given requires that a new order be entered into the system and the old order be discontinued, or that the changes be accurately documented in the record system, without destroying the original record or its audit trail.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-050, filed 1/9/84.]

**WAC 246-875-050 Auxiliary recordkeeping procedure.** If an automated data processing system is used to maintain a patient's medication record, an auxiliary recordkeeping procedure must be available for use when the automated data system is temporarily inoperative due to scheduled or unscheduled system interruption. The auxiliary

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recordkeeping procedure shall provide for the maintenance of all patient recordkeeping information as required by this chapter. Upon restoration of operation of the automated system the information placed in the auxiliary recordkeeping procedure shall be entered in each patient's records within two working days, after which the auxiliary records may be destroyed. This section does not require that a permanent dual recordkeeping system be maintained.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-060, filed 1/9/84.]

**WAC 246-875-060 Retrieval of information from an automated system.** All automated patient medication record systems must provide within 72 hours, via CRT or hard copy printout, the information required by WAC 246-875-020 and by 21 CFR § 1306.22(b) as amended July 1, 1980. Any data purged from an automated patient medication record system must be available within 72 hours.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-875-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-070, filed 1/9/84.]

**WAC 246-875-070 Confidentiality and security of data.** (1) Information contained in patient medication record systems shall be considered to be a part of prescription records maintained in accordance with RCW 18.64.245 and shall be maintained for a period of at least two years in the same manner as provided for all prescription records (see WAC 246-869-100).

(2) The information in the patient medication record system which identifies the patient shall be deemed confidential and may be released to persons other than the patient or a pharmacist, or a practitioner authorized to prescribe only on written release of the patient. If in the judgment of the dispenser, the prescription presented for dispensing is determined to cause a potentially harmful drug interaction or other problem due to a drug previously prescribed by another practitioner, the dispenser may communicate this information to the prescribers.

(3) Security codes or systems must be established on automated medication record systems to prevent unauthorized modification of data.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-875-070, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-080, filed 1/9/84.]

**WAC 246-875-080 Extension of time for compliance.** The rules regarding patient medication record systems contained in chapter 246-875 WAC shall apply to all pharmacists practicing pharmacy in the state of Washington upon the effective date of the chapter unless an extension is granted by the board pursuant to this rule. In order to seek an extension that will allow compliance with this chapter to be delayed, good cause for granting such extension must be shown. The board shall consider requests for extensions and if, in the board's judgment good cause is shown, the board may grant

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an extension for a period of time, specifying those portions of the rules with respect to which an extension is being granted.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-875-080, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-090, filed 1/9/84.]

## Chapter 246-877 WAC

### PHARMACEUTICAL—SALES PROHIBITED

#### WAC

246-877-020 Drug sample prohibitions.

#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-877-030 Unsealed hard gelatin capsule restrictions. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-877-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 86-21-033 (Order 202), § 360-20-210, filed 10/9/86.] Repealed by 97-20-166, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.

**WAC 246-877-020 Drug sample prohibitions.** (1) The possession, distribution or dispensing of legend drug samples by a pharmacy is hereby prohibited.

(2) This shall not apply to any pharmacy of a licensed hospital or health care entity which receives and distributes drug samples at the request of an authorized practitioner pursuant to RCW 69.45.050.

(3) A health care entity means any organization or business entity that provides diagnostic, medical, surgical, or dental treatment and/or rehabilitative care, but does not include any wholesale distributor or retail pharmacy licensed under state law.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-877-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-22-047, § 360-20-100, filed 10/30/89, effective 11/30/89; Order 114, § 360-20-100, filed 6/28/73.]

## Chapter 246-878 WAC

### GOOD COMPOUNDING PRACTICES

#### WAC

246-878-010 Definitions.  
246-878-020 Compounded drug products—Pharmacist.  
246-878-030 Organization and personnel.  
246-878-040 Facilities.  
246-878-050 Sterile pharmaceutical.  
246-878-060 Radiopharmaceuticals.  
246-878-070 Special precaution products.  
246-878-080 Equipment.  
246-878-090 Control of components and drug product containers and closures.  
246-878-100 Drug compounding controls.  
246-878-110 Labeling control of excess products.  
246-878-120 Records and reports.

**WAC 246-878-010 Definitions.** (1) "Compounding" shall be the act of combining two or more ingredients in the preparation of a prescription.

(2) "Manufacture" means the production, preparation, propagation, compounding, or processing of a drug or other substance or device or the packaging or repackaging of such substance or device, or the labeling or relabeling of the com-

mercial container of such substance or device, but does not include the activities of a practitioner who, as an incident to his or her administration or dispensing such substance or device in the course of his or her professional practice, prepares, compounds, packages, or labels such substance or device.

(3) "Component" means any ingredient intended for use in the compounding of a drug product, including those that may not appear in such product.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-010, filed 4/6/94, effective 5/7/94.]

**WAC 246-878-020 Compounded drug products—Pharmacist.** (1) Based on the existence of a pharmacist/patient/prescriber relationship and the presentation of a valid prescription, or in anticipation of prescription drug orders based on routine, regularly observed prescribing patterns, pharmacists may compound, for an individual patient, drug products that are commercially available in the marketplace. When a compounded product is to be substituted for a commercially available product, both the patient and also the prescriber must authorize the use of the compounded product. The pharmacist shall document these authorizations on the prescription or in the computerized patient medication record. The prescriber's authorization shall be in addition to signing on the "substitution permitted" side of a written prescription or advising that substitution is permitted when a verbal prescription is issued.

(2) Pharmacists shall receive, store, or use drug substances for compounding prescriptions that meet official compendia requirements. If these requirements can not be met, and pharmacists document such, pharmacists shall use their professional judgment in the procurement of acceptable alternatives.

(3) Pharmacists may compound drugs in very limited quantities prior to receiving a valid prescription based on a history of receiving valid prescriptions that have been generated solely within an established pharmacist/patient/prescriber relationship, and provided that they maintain the prescriptions on file for all such products compounded at the pharmacy. The compounding of inordinate amounts of drugs, relative to the practice site, in anticipation of receiving prescriptions without any historical basis is considered manufacturing.

(4) Pharmacists shall not offer compounded drug products to other state-licensed persons or commercial entities for subsequent resale, except in the course of professional practice for a practitioner to administer to an individual patient. Compounding pharmacies/pharmacists may advertise or otherwise promote the fact that they provide prescription compounding services; however, they shall not solicit business (e.g., promote, advertise, or use salespersons) to compound specific drug products.

(5) The distribution of inordinate amounts of compounded products without a prescriber/patient/pharmacist relationship is considered manufacturing.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-020, filed 4/6/94, effective 5/7/94.]

**WAC 246-878-030 Organization and personnel.** (1) The pharmacist has the responsibility and authority to inspect

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and approve or reject all components, drug product containers, closures, in-process materials, and labeling; and the authority to prepare and review all compounding records to assure that no errors have occurred in the compounding process. The pharmacist is also responsible for the proper maintenance, cleanliness, and use of all equipment used in prescription compounding practice.

(2) Pharmacists who engage in drug compounding, and level A pharmacy assistants, supervised by pharmacists, who assist in drug compounding, shall be competent and proficient in compounding and shall maintain that proficiency through current awareness and training. Every pharmacist who engages in drug compounding and any level A pharmacy assistant who assists in compounding, must be aware of and familiar with all details of these good compounding practices.

(3) Pharmacy personnel engaged in the compounding of drugs shall wear clean clothing appropriate to the operation being performed. Protective apparel, such as coats/jackets, aprons, gowns, hand or arm coverings, or masks shall be worn as necessary to protect personnel from chemical exposure and drug products from contamination.

(4) Only personnel authorized by the responsible pharmacist shall be in the immediate vicinity of the drug compounding operation. Any person shown at any time (either by medical examination or pharmacist determination) to have an apparent illness or open lesions that may adversely affect the safety or quality of a drug product being compounded shall be excluded from direct contact with components, drug product containers, closures, in-process materials, and drug products until the condition is corrected or determined by competent medical personnel not to jeopardize the safety or quality of the products being compounded. All personnel who assist the pharmacist in compounding procedures shall be instructed to report to the pharmacist any health conditions that may have an adverse effect on drug products.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-030, filed 4/6/94, effective 5/7/94.]

**WAC 246-878-040 Facilities.** (1) Pharmacies engaging in compounding shall have an adequate area for the orderly compounding of prescriptions, including the placement of equipment and materials. The drug compounding area for sterile products shall be separate and distinct from the area used for the compounding of nonsterile drug products. The area(s) used for compounding of drugs shall be maintained in a good state of repair.

(2) Bulk drugs and other chemicals or materials used in the compounding of drugs must be stored in adequately labeled containers in a clean, dry area or, if required, under proper refrigeration.

(3) Adequate lighting and ventilation shall be provided in all drug compounding areas. Potable water shall be supplied under continuous positive pressure in a plumbing system free of defects that could contribute contamination to any compounded drug product. Adequate washing facilities, easily accessible to the compounding area(s) of the pharmacy shall be provided. These facilities shall include, but not be limited to, hot and cold water, soap or detergent, and air driers or single-use towels.

(4) The area(s) used for the compounding of drugs shall be maintained in a clean and sanitary condition. It shall be free of infestation by insects, rodents, and other vermin. Trash shall be held and disposed of in a timely and sanitary manner. Sewage and other refuse in and from the pharmacy and immediate drug compounding area(s) shall be disposed of in a safe and sanitary manner.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-040, filed 4/6/94, effective 5/7/94.]

**WAC 246-878-050 Sterile pharmaceutical.** If sterile products are being compounded, the conditions of chapter 246-871 WAC (Pharmaceutical—Parenteral products for nonhospitalized patients) shall be met.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-050, filed 4/6/94, effective 5/7/94.]

**WAC 246-878-060 Radiopharmaceuticals.** If radiopharmaceuticals are being compounded, the conditions of chapter 246-903 WAC shall be met.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-060, filed 4/6/94, effective 5/7/94.]

**WAC 246-878-070 Special precaution products.** If drug products with special precautions for contamination, such as penicillin, are involved in a compounding operation, appropriate measures, including either the dedication of equipment for such operations or the meticulous cleaning of contaminated equipment prior to its use for preparation of other drugs, must be utilized in order to prevent cross-contamination.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-070, filed 4/6/94, effective 5/7/94.]

**WAC 246-878-080 Equipment.** (1) Equipment used in the compounding of drug products shall be of appropriate design, appropriate capacity, and suitably located to facilitate operations for its intended use and for its cleaning and maintenance. Equipment used in the compounding of drug products shall be suitable composition so that surfaces that contact components, in-process materials, or drug products shall not be reactive, additive, or absorptive so as to alter the safety, identity, strength, quality, or purity of the drug product beyond that desired.

(2) Equipment and utensils used for compounding shall be cleaned and sanitized immediately prior to use to prevent contamination that would alter the safety, identity, strength, quality, or purity of the drug product beyond that desired. In the case of equipment, utensils, and containers/closures used in the compounding of sterile drug products, cleaning, sterilization, and maintenance procedures as set forth in WAC 246-871-080.

(3) Equipment and utensils used for compounding drugs must be stored in a manner to protect them from contamination. Immediately prior to the initiation of compounding operations, they must be inspected by the pharmacist and determined to be suitable for use.

(4) Automatic, mechanical, electronic, or other types of equipment other than commercial scale manufacturing or testing equipment, may be used in the compounding of drug

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products. If such equipment is used, it shall be routinely inspected, calibrated (if necessary), or checked to ensure proper performance.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-080, filed 4/6/94, effective 5/7/94.]

**WAC 246-878-090 Control of components and drug product containers and closures.** (1) Components, drug product containers, closures, and bagged or boxed components of drug product containers and closures used in the compounding of drugs shall be handled and stored in a manner to prevent contamination and to permit unhindered cleaning of the work area (e.g., floors) and inspection.

(2) Drug product containers and closures shall not be reactive, additive, or absorptive so as to alter the safety, identity, strength, quality, or purity of the compounded drug beyond the desired result. Components, drug product containers, and closures for use in the compounding of drug products shall be rotated so that the oldest stock is used first. Container closure systems shall provide adequate protection against foreseeable external factors in storage and use that can cause deterioration or contamination of the compounded drug product. Drug product containers and closures shall be clean and, where indicated by the intended use of the drug, sterilized and processed to remove pyrogenic properties to assure that they are suitable for their intended use.

(3) Drug product containers and closures intended for the compounding of sterile products must be handled, sterilized, processed and stored to remove pyrogenic properties to assure that they are suitable for their intended purpose. Methods of cleaning, sterilizing, and processing to remove pyrogenic properties shall be written and followed for drug product containers and closures used in the preparation of sterile pharmaceuticals. These processes shall be performed by pharmacists, or under the pharmacist's supervision.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-090, filed 4/6/94, effective 5/7/94.]

**WAC 246-878-100 Drug compounding controls.** (1) There shall be written procedures for the compounding of drug products to assure that the finished products have the identity, strength, quality, and purity they purport or are represented to possess. Such procedures shall include a listing of the components (ingredients), their amounts (in weight or volume), the order of component mixing, and a description of the compounding process. All equipment and utensils and the container/closure system, relevant to the sterility and stability of the intended use of the drug, shall be listed. These written procedures shall be followed in the execution of the drug compounding procedure.

(2) Components for drug product compounding shall be accurately weighed, measured, or subdivided as appropriate. These operations should be checked and rechecked by the compounding pharmacist at each stage of the process to ensure that each weight or measure is correct as stated in the written compounding procedures. If a component is transferred from the original container to another (e.g., a powder is taken from the original container, weighed, placed in a container, and stored in another container), the new container shall be identified with the:

(a) Component name; and

(b) Weight or measure.

(3) To assure the reasonable uniformity and integrity of compounded drug products, written procedures shall be established and followed that describe the tests or examinations to be conducted on the product compounded (e.g., degree of weight variation among capsules.) Such control procedures shall be established to monitor the output and to validate the performance of those compounding processes that may be responsible for causing variability in the final drug product. Such control procedures shall include, but are not limited to, the following (where appropriate):

(a) Capsule weight variation;

(b) Adequacy of mixing to assure uniformity and homogeneity;

(c) Clarity, completeness, or pH of solutions.

(4) Appropriate written procedures designed to prevent microbiological contamination of compounded drug products purporting to be sterile shall be established and followed. Such procedures shall include validation of any sterilization process.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-100, filed 4/6/94, effective 5/7/94.]

**WAC 246-878-110 Labeling control of excess products.** (1) In the case where a quantity of compounded drug product in excess of that to be initially dispensed in accordance with WAC 246-878-020 is prepared, the excess product shall be labeled or documentation referenced with the complete list of ingredients (components), the preparation date, and the assigned beyond-use date based upon the pharmacist's professional judgment, appropriate testing, or published data. It shall also be stored and accounted for under conditions dictated by its composition and stability characteristics (e.g., in a clean, dry place on shelf or in the refrigerator) to ensure its strength, quality, and purity.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-110, filed 4/6/94, effective 5/7/94.]

**WAC 246-878-120 Records and reports.** (1) Any procedures or other records required to be maintained in compliance with this chapter shall be retained for the same period of time as required in WAC 246-869-100 for the retention of prescription files.

(2) All records required to be retained under this chapter, or copies of such records, shall be readily available for authorized inspection during the retention period at the establishment where the activities described in such records occurred. These records or copies thereof shall be subject to photocopying or other means of reproduction as part of any such inspection.

(3) Records required under this chapter may be retained either as the original records or as true copies, such as photocopies, microfilm, microfiche, or other accurate reproductions of the original records.

[Statutory Authority: RCW 18.64.005. 94-08-101, § 246-878-120, filed 4/6/94, effective 5/7/94.]

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## Chapter 246-879 WAC

### PHARMACEUTICAL WHOLESALERS

#### WAC

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**WAC 246-879-010 Definitions.** (1) "Full line wholesaler" means any wholesaler authorized by the board to possess and sell legend drugs, controlled substances (additional registration required see WAC 246-879-080) and nonprescription drugs (over-the-counter - OTC see WAC 246-879-070) to a licensed pharmacy or other legally licensed or authorized person.

(2) "Over-the-counter only wholesaler" means any wholesaler authorized by the board to possess and sell nonprescription (OTC) drugs to any outlets licensed for resale.

(3) "Controlled substances wholesaler" means a licensed wholesaler authorized by the board to possess and sell controlled substances to a licensed pharmacy or other legally licensed or authorized person.

(4) "Export wholesaler" means any wholesaler authorized by the board to export legend drugs and nonprescription (OTC) drugs to foreign countries.

(5) "Blood" means whole blood collected from a single donor and processed either for transfusion or further manufacturing.

(6) "Blood component" means that part of the blood separated by physical or mechanical means.

(7) "Drug sample" means a unit of prescription drug that is not intended to be sold and is intended to promote the sale of the drug.

(8) "Manufacturer" means anyone who is engaged in manufacturing, preparing, propagating, compounding, processing, packaging, repackaging, or labeling of a drug, provided that a pharmacist compounding drugs to be dispensed from the pharmacy in which the drugs are compounded pursuant to prescriptions for individual patients shall not be considered a manufacturer.

(9) "Prescription drug" means any drug required by state or federal law or regulation to be dispensed only by a prescription, including finished dosage forms and active ingredients subject to section 503(b) of the Federal Food, Drug, and Cosmetic Act.

(10) "Wholesale distribution" means distribution of prescription drugs to persons other than a consumer or patient, but does not include:

(a) The sale, purchase, or trade of a drug, an offer to sell, purchase or trade a drug, or the dispensing of a drug pursuant to a prescription:

(b) The lawful distribution of drug samples by manufacturers' representatives or distributors' representatives; or

(c) The sale, purchase, or trade of blood and blood components intended for transfusion.

(d) Intracompany sales, being defined as any transaction or transfer between any division, subsidiary, parent and/or affiliated or related company under the common ownership and control of a corporate entity, unless such transfer occurs between a wholesale distributor and a health care entity or practitioner.

(e) The sale, purchase, or trade of a drug or an offer to sell, purchase, or trade a drug for emergency medical reasons; for purposes of this section, "emergency medical reasons" includes transfers of prescription drugs by retail pharmacy to another retail pharmacy or practitioner to alleviate a temporary shortage, except that the gross dollar value of such transfers shall not exceed five percent of the total prescription drug sale revenue of either the transferor or transferee pharmacy during any twelve consecutive month period.

(11) "Wholesale distributor" means anyone engaged in wholesale distribution of drugs, including but not limited to, manufacturers; repackers; own-label distributors; private-label distributors; jobbers; brokers; warehouses; including manufacturers' and distributors' warehouses, chain drug warehouses, and wholesale drug warehouses; independent wholesale drug traders; and retail pharmacies that conduct wholesale distributions.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-010, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-010, filed 3/2/82.]

**WAC 246-879-020 Minimum standards for wholesalers.** The following shall constitute minimum requirements for the storage and handling of prescription drugs, and for the establishment and maintenance of prescription drug distribution records by wholesale drug distributors and their officers, agents, representatives, and employees:

(1) Facilities. All facilities at which prescription drugs are stored, warehoused, handled, held, offered, marketed, or displayed shall:

(a) Be of suitable size and construction to facilitate cleaning, maintenance, and proper operations;

(b) Have storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions;

(c) Have a quarantine area for storage of prescription drugs that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed, secondary containers that have been opened;

(d) Be maintained in a clean and orderly condition; and

(e) Be free from infestation by insects, rodents, birds, or vermin of any kind.

(2) Storage. All prescription drugs shall be stored at appropriate temperatures and under appropriate conditions in accordance with requirements, if any, in the labeling of such drugs or with the requirements in the 22nd edition of the United States Pharmacopeia/National Formulary (USP/NF). United States Pharmacopeia/National Formulary (USP/NF) is available for public inspection at the Office of the State Board of Pharmacy, 1300 Quince St SE, PO Box 47863, Olympia WA 98504-7863.

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(a) If no storage requirements are established for a prescription drug, the drug may be held at "controlled" room temperature, as defined in an official compendium, to help ensure that its identity, strength, quality, and purity are not adversely affected.

(b) Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, and/or logs shall be utilized to document proper storage of prescription drugs.

(3) Examination of materials.

(a) Upon receipt, each outside shipping container shall be visually examined for identity and to prevent the acceptance of contaminated prescription drugs or prescription drugs that are otherwise unfit for distribution. This examination shall be adequate to reveal container damage that would suggest possible contamination or other damage to contents.

(b) Each outgoing shipment shall be carefully inspected for identity of the prescription drug products and to ensure that there is no delivery of prescription drugs that have been damaged in storage or held under improper conditions.

(4) Returned, damaged, and outdated prescription drugs.

(a) Prescription drugs that are outdated, damaged, deteriorated, misbranded, or adulterated shall be quarantined and physically separated from other prescription drugs until they are destroyed or returned to their supplier.

(b) Any drug whose immediate or sealed outer or sealed secondary containers have been opened or used shall be identified as such, and shall be quarantined and physically separated from other drugs until they are either destroyed or returned to the supplier.

(c) If the conditions under which a drug has been returned cast doubt on the drug's safety, identity, strength, quality, or purity, then the drug shall be destroyed, or returned to the supplier, unless examination, testing, or other investigation proves that the drug meets appropriate standards of safety, identity, strength, quality, and purity. In determining whether the conditions under which a drug has been returned cast doubt on the drug's safety, identity, strength, quality, or purity, the wholesale drug distributor shall consider, among other things, the conditions under which the drug has been held, stored, or shipped before or during its return and the condition of the drug and its container, carton, or labeling, as a result of storage or shipping.

(5) Written policies and procedures. Wholesale drug distributors shall establish, maintain, and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory, and distribution of prescription drugs, including policies and procedures for identifying, recording, and reporting losses or thefts, and for correcting all errors and inaccuracies in inventories. Wholesale drug distributors shall include in their written policies:

(a) A procedure whereby the oldest approved stock of a drug product is distributed first. The procedure may permit deviation from this requirement if such deviation is temporary and appropriate.

(b) A procedure to be followed for handling recalls and withdrawals of prescription drugs. Such procedure shall be adequate to deal with recalls and withdrawals due to:

(i) Any action initiated at the request of the Food and Drug Administration or other federal, state, or local law

enforcement or other governmental agency, including the board of pharmacy;

(ii) Any voluntary action by the manufacturer to remove defective or potentially defective drugs from the market; or

(iii) Any action undertaken to promote public health and safety by replacing of existing merchandise with an improved product or new package design.

(c) A procedure to ensure that wholesale drug distributors prepare for, protect against, and handle any crisis that affects security or operation of any facility in the event of strike, fire, flood, or other natural disaster, or other situations of local, state, or national emergency.

(d) A procedure to ensure that any outdated drugs shall be segregated from other drugs and either returned to the manufacturer or destroyed. This procedure shall provide for written documentation of the disposition of outdated prescription drugs. This documentation shall be maintained for two years after disposition of the outdated drugs.

(6) Responsible persons. Wholesale drug distributors shall establish and maintain lists of officers, directors, managers, and other persons in charge of wholesale drug distribution, storage, and handling, including a description of their duties and a summary of their qualifications.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-020, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-020, filed 3/2/82.]

**WAC 246-879-030 Inspections.** (1) Inspections shall be performed by representatives of the board of pharmacy to ensure compliance with chapter 246-879 WAC. The following items shall be included in these inspections:

(a) Housekeeping, sanitation, recordkeeping, accountability, security, types of outlets sold to and sources of drugs purchased.

(b) Wholesale drug distributors shall operate in compliance with applicable federal, state, and local laws and regulations.

(2) Wholesale drug distributors shall permit the board's authorized personnel and authorized federal, state, and local law enforcement officials to enter and inspect their premises and delivery vehicles, and to audit their records and written operating procedures, at reasonable times and in a reasonable manner, to the extent authorized by law. Such officials shall be required to show appropriate identification prior to being permitted access to wholesale drug distributors' premises and delivery vehicles.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-030, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-030, filed 3/2/82.]

**WAC 246-879-040 Records.** (1) Recordkeeping. Wholesale drug distributors shall establish and maintain inventories and records of transactions regarding the receipt and distribution or other disposition of prescription drugs. These records shall include the following information:

(a) The source of the drugs, including the name and principal address of the seller or transferor, and the address of the location from which the drugs were shipped;

(b) The identity and quantity of the drugs received and distributed or disposed of; and

(c) The dates of receipt and distribution or other disposition of the drugs.

(2) Inventories and records shall be made available for inspection and photocopying by an authorized official of any governmental agency charged with enforcement of these rules for a period of two years following disposition of the drugs.

(3) Records described in this section that are kept at the inspection site or that can be immediately retrieved by computer or other electronic means shall be readily available for authorized inspection during the retention period. Records kept at a central location apart from the inspection site and not electronically retrievable shall be made available for inspection within two working days of a request by an authorized official of any governmental agency charged with enforcement of these rules.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-040, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-040, filed 3/2/82.]

**WAC 246-879-050 Security.** (1) All facilities shall be equipped with a security system that will provide suitable protection against theft and diversion. When appropriate, the security system shall provide protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records.

(2) Access from outside the premises shall be kept to a minimum and be well-controlled.

(3) Entry into areas where prescription drugs are held shall be limited to authorized personnel.

(4) All facilities used for wholesale drug distribution shall be secure from unauthorized entry.

(5) Drug storage areas shall be constructed in such a manner as to prevent illegal entry.

(6) Adequate lighting shall be provided at the outside perimeter of the premises to reduce the possibility of illegal entry.

(7) All applicants for a license as a controlled substances wholesaler must comply with the security requirements as found in 21 CFR 1301.02, 1301.71 through 1301.74 and 1301.90 through 1301.92.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-050, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-050, filed 3/2/82.]

**WAC 246-879-060 Unauthorized sales.** No wholesaler distributor shall sell or distribute any prescription drugs or devices except to an individual, corporation, or entity who is authorized by law or regulation to possess such drugs or devices. No wholesaler shall sell any prescription drugs or devices to an ultimate consumer.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-060, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-060, filed 3/2/82.]

**WAC 246-879-070 Application for full line wholesaler license and over-the-counter only wholesaler license.**

(1) All applications for licensure of a new or relocated wholesaler shall be accompanied by the required fee as set forth in chapter 246-907 WAC.

(2) All license renewal applications shall be accompanied by the annual fee and contain the same information required in subsection (6) of this section.

(3) A change of ownership or location requires a new license.

(4) The license is issued to a person or firm and is non-transferable. Additions or deletions of a partner/partners shall be considered as a change of ownership.

(5) The license fee cannot be prorated.

(6) Every wholesale distributor, wherever located, who engages in wholesale distribution into, out of, or within this state must be licensed by the board in accordance with the laws and regulations of this state before engaging in wholesale distribution of prescription drugs.

(a) Minimum required information for licensure. The board requires the following from each wholesale drug distributor as part of the initial licensing procedure and as part of any renewal of such license.

(i) The name, full business address, and telephone number of the licensee;

(ii) All trade or business names used by the licensee;

(iii) Addresses, telephone numbers, and the names of contact persons for the facility used by the licensee for the storage, handling, and distribution of prescription drugs;

(iv) The type of ownership or operation (i.e., partnership, corporation, or sole proprietorship); and

(v) The name(s) of the owner and/or operator of the licensee, including:

(A) If a person, the name of the person;

(B) If a partnership, the name of each partner, and the name of the partnership;

(C) If a corporation, the name and title of each corporate officer and director, the corporate names, and the name of the state of incorporation, and the name of the parent company, if any;

(D) If a sole proprietorship, the full name of the sole proprietor and the name of the business entity.

(vi) When operations are conducted at more than one location by a single wholesale distributor, each such location shall be licensed by the board.

(vii) Change in any information required by this section shall be submitted to the board within thirty days after such change.

(b) Minimum qualifications. The board shall consider, at a minimum, the following factors in reviewing the qualifications of persons who engage in wholesale distribution of prescription drugs within the state:

(i) Any convictions of the applicant under any federal, state, or local laws relating to drug samples, wholesale, or

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retail drug distribution, or distribution of controlled substances;

(ii) Any felony convictions of the applicant under federal, state, or local laws;

(iii) The applicant's past experience in the manufacture or distribution of prescription drugs, including controlled substances;

(iv) Any false or fraudulent material furnished by the applicant in any application made in connection with drug manufacturing or distribution;

(v) Suspension or revocation by federal, state, or local government of any license currently or previously held by the applicant for the manufacture or distribution of any drugs, including controlled substances;

(vi) Compliance with licensing requirements under previously granted licenses, if any;

(vii) Compliance with requirements to maintain and/or make available to the board, federal, state, or local enforcement officials those records required to be maintained by wholesale drug distributors; and

(viii) Any other factors or qualifications the board considers relevant to and consistent with public health and safety.

(c) The board shall have the right to deny a license to an applicant if it determines that the granting of such a license would not be in the public interest. Public interest considerations shall be based on factors and qualifications that are directly related to the protection of the public health and safety.

(d) Personnel. As a condition for receiving and retaining a wholesale drug distributor license, the licensee shall require each person employed in any prescription drug wholesale distribution activity to have education, training, and experience, or any combination thereof, sufficient for that person to perform the assigned functions in such a manner as to provide assurance that the drug product quality, safety and security will at all times be maintained as required by law.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-879-070, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-070, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-070, filed 3/2/82.]

**WAC 246-879-080 Application for controlled substance wholesaler license.**

Wholesale drug distributors that deal in controlled substances shall register with the board and with the Drug Enforcement Administration (DEA), and shall comply with applicable state, local, and DEA regulations.

(1) He/she must be licensed as a full line wholesaler.

(2) He/she must meet all security requirements as set forth in WAC 246-879-050.

(3) He/she must meet additional requirements for registration and fees as set forth in chapter 246-907 WAC.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-080, filed 7/14/92, effective 8/14/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-080, filed 3/2/82.]

**WAC 246-879-090 Export wholesaler.** (1) Upon application the board may issue a wholesaler license for the primary business of exporting drugs to foreign countries.

(2) Such license authorizes the holder to export non-controlled drugs to persons in a foreign jurisdiction that have legitimate reasons to possess such drugs.

(3) Letters from consulate of the country to which drugs are exported should verify consignee receiving such drugs is legally entitled in that country to receive them, if applicable. These letters shall be made available to the board upon its request.

(4) Records to be kept by export wholesaler:

(a) Complete description of drug, including, name, quantity, strength, and dosage unit.

(b) Name and address of purchaser.

(c) Name and address of consignee in the country of destination.

(d) Name and address of forwarding agent.

(e) Proposed export date.

(f) Shippers involved and methods of shipment.

(5) The issuance of an export wholesaler license does not authorize delivery of drugs in the United States.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-21-090, filed 3/2/82.]

**WAC 246-879-100 Salvaging and reprocessing companies.** Wholesale drug distributors shall be subject to the provisions of any applicable federal, state, or local laws or rules that relate to prescription drug product salvaging or reprocessing, including this chapter.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-100, filed 7/14/92, effective 8/14/92.]

**WAC 246-879-110 Violations and penalties.** The board shall have the authority to suspend or revoke any licenses granted under this chapter upon conviction of violations of the federal, state, or local drug laws or rules. Before any license may be suspended or revoked, a wholesale distributor shall have a right to prior notice and a hearing pursuant to the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-110, filed 7/14/92, effective 8/14/92.]

**WAC 246-879-120 Reciprocity.** A wholesale distributor licensed in another state may be licensed in this state upon submission of the fee required in chapter 246-907 WAC and submission of information compiled by the National Association of Boards of Pharmacy (NABP) Clearinghouse demonstrating that the license is not, and has not been, the subject of adverse license action.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-120, filed 7/14/92, effective 8/14/92.]

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## Chapter 246-881 WAC

### PHARMACY—PRESCRIPTION DRUG PRICE ADVERTISING

#### WAC

246-881-010	Drug price advertising defined.
246-881-020	Drug price advertising conditions.
246-881-030	Prohibition on advertising controlled substances.
246-881-040	Drug price disclosure—Required.

**WAC 246-881-010 Drug price advertising defined.** Drug price advertising is the dissemination of nonpromotional information pertaining to the prices of legend or prescription drugs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-881-010, filed 8/30/91, effective 9/30/91; Order 124, § 360-23-010, filed 10/31/74; Order 120, § 360-23-010, filed 3/11/74.]

**WAC 246-881-020 Drug price advertising conditions.** A pharmacy may advertise legend or prescription drug prices provided:

(1) The advertising complies with all state and federal laws, including regulations of the United States Food and Drug Administration and the Washington State Consumer Protection Act, chapter 19.86 RCW.

(2) The advertising is solely directed towards providing consumers with drug price information and does not promote the use of a prescription drug or drugs to the public.

(3) The drug price advertising shall contain all the following information for all drug products or brand names used in the advertisement:

(a) The proprietary name of the drug product advertised, if any,

(b) The generic name of the drug product advertised, if any,

(c) The strength of the drug product advertised. If the drug product advertised contains more than one active ingredient and a relevant strength can be associated with it without indicating each active ingredient, the generic name and quantity of each active ingredient is not required.

(d) The dosage form of the drug product advertised, and

(e) The price charged for a specified quantity of the drug product.

(4) Advertising of any generic drug that in any way compares a generic drug to a brand name drug may not in any manner imply that the brand name drug is the product offered for sale.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-881-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 79-10-007 (Order 151, Resolution No. 9/79), § 360-23-020, filed 9/6/79; Order 124, § 360-23-020, filed 10/31/74; Order 120, § 360-23-020, filed 3/11/74.]

**WAC 246-881-030 Prohibition on advertising controlled substances.** No person, partnership, corporation, association or agency shall advertise controlled substances for sale to the general public in any manner that promotes or tends to promote the use or abuse of those drugs. Controlled substances shall not be physically displayed to the public.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-881-030, filed 8/30/91, effective 9/30/91; Order 124, § 360-23-030, filed 10/31/74.]

**WAC 246-881-040 Drug price disclosure—Required.**

No pharmacy shall refuse to disclose the retail price of a prescription drug upon request by a consumer.

[Statutory Authority: RCW 18.64.005, 96-02-008, § 246-881-040, filed 12/20/95, effective 1/20/96. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-881-040, filed 8/30/91, effective 9/30/91; Order 124, § 360-23-050, filed 10/31/74.]

**Chapter 246-883 WAC****PHARMACEUTICAL—SALES REQUIRING PRESCRIPTIONS****WAC**

246-883-020	Identification of legend drugs for purposes of chapter 69.41 RCW.
246-883-025	Introductory trade or stock packages.
246-883-030	Ephedrine prescription restrictions.
246-883-040	Regulated steroids.
246-883-050	Theophylline prescription restrictions.

**WAC 246-883-020 Identification of legend drugs for purposes of chapter 69.41 RCW.** (1) In accordance with chapter 69.41 RCW, the board of pharmacy finds that those drugs which have been determined by the Food and Drug Administration, under the Federal Food, Drug and Cosmetic Act, to require a prescription under federal law should also be classified as legend drugs under state law because of their toxicity or potential for harmful effect, the methods of their use and the collateral safeguards necessary to their use, indicate that they are only safe for use under the supervision of a practitioner.

(2) For the purposes of chapter 69.41 RCW, legend drugs are drugs which have been designated as legend drugs under federal law and are listed as such in the 2002 edition of the *Drug Topics Red Book*. Copies of the list of legend drugs as contained in the *Drug Topics Red Book* are available for public inspection at the headquarters office of the State Board of Pharmacy, 1300 Quince Street S.E., P.O. BOX 47863, Olympia, Washington 98504-7863. To obtain copies of this list, interested persons must submit a written request and payment of seventy-six dollars for each copy to the board.

(3) There may be changes in the marketing status of drugs after the publication of the above reference. Upon application of a manufacturer or distributor, the board may grant authority for the over the counter distribution of certain drugs which had been designated as legend drugs in this reference. These determinations will be made after public hearing and will be published as an amendment to this chapter.

[Statutory Authority: RCW 69.41.075 and 18.64.005(7), 02-14-049, § 246-883-020, filed 6/27/02, effective 7/28/02. Statutory Authority: RCW 69.41.075, 18.64.005, 00-06-078, § 246-883-020, filed 3/1/00, effective 4/1/00. Statutory Authority: RCW 69.41.075, 96-21-041, § 246-883-020, filed 10/11/96, effective 11/11/96. Statutory Authority: RCW 18.64.005, 92-09-070 (Order 264B), § 246-883-020, filed 4/14/92, effective 5/15/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-883-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075], 85-18-091 (Order 196), § 360-32-050, filed 9/4/85. Statutory Authority: RCW 18.64.005 and 69.41.075, 83-20-053 (Order 176), § 360-32-050, filed 9/29/83. Statutory Authority: RCW 69.41.075, 81-10-025 (Order 160), § 360-32-050, filed 4/28/81. Statutory Authority: 1979 1st ex. s. c 139, 79-09-138 (Order 149, Resolution No. 9/79), § 360-32-050, filed 9/5/79.]

(2005 Ed.)

**WAC 246-883-025 Introductory trade or stock packages.** Introductory trade or stock packages may be distributed by registered drug manufacturers to licensed pharmacies under the following conditions:

(1) The package shall be invoiced by the drug manufacturer as a no charge sale.

(2) The product shall be distributed by the manufacturer to the pharmacy by mail or common carrier.

(3) The drug's package shall not be marked as a sample or with any other labeling that is inconsistent with the claim that the manufacturer intended the package for sale.

(4) The manufacturer shall be limited to distributing one introductory package of each dosage strength of a product on a one-time basis to a pharmacy in order to familiarize and assure that a company's new product will be available in pharmacies. The quantity shall not be larger than one hundred solid dosage units or sixteen liquid ounces.

[Statutory Authority: RCW 18.64.005, 92-09-072 (Order 266B), § 246-883-025, filed 4/14/92, effective 5/15/92.]

**WAC 246-883-030 Ephedrine prescription restrictions.** (1) The board of pharmacy, pursuant to RCW 69.41.075, hereby identifies ephedrine, or any of its salts in a solid or aqueous form normally intended for oral administration, in any quantity, as a legend drug subject to the restrictions of RCW 69.41.030.

(2) The following products containing ephedrine or its salts in the amount of 25 mg. or less per solid dosage unit or per 5 ml. of liquid forms in combination with other ingredients in therapeutic amounts are exempt from subsection (1) of this section:

TRADE NAME	EPHEDRINE CONTENT
1. AMESAC capsule (Russ)	25 mg. ephedrine HCL
2. AZMA AID tablet (Various, eg Purepac)	24 mg. ephedrine HCL
3. BRONC-EASE PLUS (Natur-Pharma)	25 mg. ephedrine HCL
4. BRONCHODILATOR AND EXPECTORANT (PDK Labs)	25 mg. ephedrine HCL
5. BRONITIN tablet (Whitehall)	24 mg. ephedrine HCL
6. BRONKAID tablet (Breon)	24 mg. ephedrine sulfate
7. BRONKOLIXER (Sterling Winthrop)	12 mg. ephedrine
8. BRONKOTABS tablet (Breon)	24 mg. ephedrine sulfate
9. EFEDRON nasal jelly (Hyrex)	0.6% ephedrine HCL in 20 g.
10. MINI THINS asthma relief (BDI Pharmaceuticals)	25 mg. ephedrine
11. PAZO HEMORRHOID suppositor (Bristol-Meyers)	3.86 mg. ephedrine sulfate
12. PAZO HEMORRHOID ointment (Bristol-Meyers)	0.2% ephedrine sulfate
13. PRIMATENE tablet (Whitehall)	24 mg. ephedrine HCL
14. PRIMATENE M tablet (Whitehall)	24 mg. ephedrine HCL
15. PRIMATENE P tablet (Whitehall)	24 mg. ephedrine HCL
16. QUELIDRINE (Abbott)	5 mg. ephedrine HCL

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TRADE NAME	EPHEDRINE CONTENT
17. TEDRAL tablet (Parke-Davis)	24 mg. ephedrine HCL
18. THEODRINE tablet (Rugby)	25 mg. ephedrine HCL
19. VATRONOL nose drops (Vicks Health Care)	0.5% ephedrine sulfate

(3) Ma Huang or other botanical products of genus ephedra used in their natural state and containing 25 mg. or less of ephedrine per recommended dosage as a preparation for human consumption are not legend drugs for the purposes of this section.

(4) Any reformulation of listed products which increases the ephedrine content to more than 25 mg. of ephedrine per solid dosage unit or per 5 ml. of liquid forms shall negate the exemption. The manufacturers of listed products shall notify the board of any reformulation which increases the ephedrine content to more than 25 mg. of ephedrine per solid dosage unit or per 5 ml. of liquid forms prior to distributing that product in the state of Washington.

(5) Manufacturers of products containing 25 mg. or less of ephedrine per solid dosage unit or per 5 ml. of liquid forms in combination with other ingredients in therapeutic amounts may gain exemption from subsection (1) of this section if, prior to the distributing of any such product in the state of Washington, the manufacturer:

(a) Provides the board with the formulation of any such product;

(b) Provides the board samples of all dosage forms in which the product is to be marketed in the packaging in which the product is to be marketed; and

(c) Receives the board's approval to market such product.

[Statutory Authority: RCW 18.64.005. 94-08-100, § 246-883-030, filed 4/6/94, effective 5/7/94; 93-05-046 (Order 333B), § 246-883-030, filed 2/17/93, effective 3/20/93. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-883-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-32-055, filed 3/2/82. Statutory Authority: RCW 69.41.075. 81-10-025 (Order 160), § 360-32-055, filed 4/28/81. Statutory Authority: 1979 1st ex. s. c 139. 79-09-138 (Order 149, Resolution No. 9/79), § 360-32-055, filed 9/5/79.]

**WAC 246-883-040 Regulated steroids.** The board finds that the following drugs shall be classified as steroids for the purposes of RCW 69.41.310. The drugs designated shall include the following and any synthetic derivatives or any isomer, ester, salt, or derivative of the following that act in the same manner on the human body from the attached list:

- (1) Anabolicum
- (2) Anadrol
- (3) Anatrofin
- (4) Anavar
- (5) Androxon
- (6) Andriol
- (7) Android
- (8) bolandiol
- (9) bolasterone
- (10) boldenone
- (11) boldenone undecylenate
- (12) bolenol
- (13) Bolfortan
- (14) bolmantalate

- (15) Cheque
- (16) chlorotestosterone
- (17) clostebol
- (18) Deca Durabolin
- (19) dehydrochlormethyl-testosterone
- (20) Delatestyl
- (21) Dianabol
- (22) Dihydrolone
- (23) dihydrotestosterone
- (24) dimethazine
- (25) Drive
- (26) Drolban
- (27) drostanolone
- (28) Durabolin
- (29) Durateston
- (30) Equipoise
- (31) Esiclone
- (32) ethylestrenol
- (33) Exoboline
- (34) Finaject
- (35) Fluoxymesterone
- (36) formebolone
- (37) Halotestin
- (38) Halostein
- (39) Hombreol
- (40) Iontanyl
- (41) Laurabolin
- (42) Lipodex
- (43) Maxibolin
- (44) mesterolone
- (45) metanabol
- (46) methenolone acetate
- (47) methenolone enanthate
- (48) methandienone
- (49) methandranone
- (50) methandriol
- (51) methandrostenolone
- (52) methyltestosterone
- (53) mibolerone
- (54) Myagen
- (55) Nandrolin
- (56) nandrolone
- (57) nandrolone decanoate
- (58) nandrolone cyclotate
- (59) nandrolone phenpropionate
- (60) Nelavar
- (61) Nerobol
- (62) Nilevar
- (63) nisterime acetate
- (64) Norbolethone
- (65) Nor-Diethylin
- (66) norethandrolone
- (67) Normethazine
- (68) Omnifin
- (69) oxandrolone
- (70) oxymesterone
- (71) oxymetholone
- (72) Parabolan
- (73) Permastril
- (74) pizotyline
- (75) Primobolone/Primobolan depot

- (76) Primotestin/Primotestin depot
- (77) Proviron
- (78) Quinalone
- (79) Quinbolone
- (80) Restandol
- (81) silandrone
- (82) Sostanon
- (83) Spectriol
- (84) stanolone
- (85) stanozolol
- (86) stenbolone acetate
- (87) Stromba
- (88) Sustanon
- (89) Tes-10
- (90) Tes-20
- (91) Tes-30
- (92) Teslac
- (93) testolactone
- (94) testosterone
- (95) testosterone cypionate
- (96) testosterone enanthate
- (97) testosterone ketolaurate
- (98) testosterone phenylacetate
- (99) testosterone propionate
- (100) testosterone undecanoate
- (101) Thiomucase
- (102) tibolone
- (103) trenbolone
- (104) trenbolone acetate
- (105) trestolone acetate
- (106) Trophobolene
- (107) Winstrol

[Statutory Authority: RCW 18.64.005 and 69.41.075. 92-12-035 (Order 277B), § 246-883-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-883-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-22-048, § 360-32-060, filed 10/30/89, effective 11/30/89.]

**WAC 246-883-050 Theophylline prescription restrictions.** The board of pharmacy, pursuant to RCW 69.41.075, hereby identifies theophylline, or any of its salts in a solid or liquid form normally intended for oral administration in any quantity, as a legend drug subject to the restrictions of RCW 69.41.030. Provided, products containing 130 mg or less of theophylline per solid dosage unit or 130 mg or less per 5 ml of liquid forms, shall not be considered a legend drug and where the product contains other recognized therapeutic ingredients, may be sold or distributed without a prescription. Products with theophylline as the only active ingredient are identified as legend drugs.

[Statutory Authority: RCW 18.64.005. 92-09-070 (Order 264B), § 246-883-050, filed 4/14/92, effective 5/15/92.]

**Chapter 246-885 WAC**

**PHARMACY—IDENTIFICATION, IMPRINTS, MARKINGS, AND LABELING OF LEGEND DRUGS**

**WAC**

- 246-885-020 Drug imprint information provided by manufacturers and distributors.
- 246-885-030 Over-the-counter (OTC) drug imprint regulation.

**WAC 246-885-020 Drug imprint information provided by manufacturers and distributors.** Each manufacturer and distributor who manufactures or commercially distributes any legend drug in the state of Washington shall provide written information to the board identifying all current imprints used. This information shall be submitted on a form provided by the board and shall be updated annually, or as changes in imprints occur.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-885-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.41.240. 83-10-013 (Order 174), § 360-33-050, filed 4/26/83.]

**WAC 246-885-030 Over-the-counter (OTC) drug imprint regulation.** (1) Pursuant to the provisions of RCW 69.60.090, chapter 69.60 RCW will cease to exist in its entirety upon implementation by the federal Food and Drug Administration (FDA) of provisions regulating solid dosage imprinting of OTC medications and upon a finding by the Washington state board of pharmacy that the FDA regulations are substantially equivalent to those in chapter 69.60 RCW.

(2) The FDA adopted a final rule regarding OTC solid dosage imprinting, codified in 21 CFR 206.01-10. This rule became effective September 13, 1995. The applicability of the federal rule is limited to those products introduced into interstate commerce on or after the effective date of the regulation. The rule is inapplicable to those noncompliant products introduced into interstate commerce prior to the effective date and to those products pending FDA review and approval of applications submitted by the manufacturer.

(3) The board finds that the inapplicability of the FDA rule to noncompliant products introduced into interstate commerce before the effective date and to those products currently on the market would permit the sale of these products in the state of Washington and thus fails to adequately protect the citizens of the state of Washington.

(4) Therefore, notwithstanding the provisions of 21 CFR 206.1 et seq. no nonimprinted solid dosage form drug that is intended for OTC sale may be distributed into or sold in the state of Washington unless it has been found by the board to be exempt from the provisions of this chapter or has received an exemption from the FDA pursuant to 21 CFR 206.7. Copies of official documents that support such exemptions shall be filed with the board prior to any distribution of the nonimprinted product(s).

[Statutory Authority: RCW 18.64.005. 96-07-012, § 246-885-030, filed 3/11/96, effective 4/11/96.]

**Chapter 246-886 WAC**

**ANIMAL CONTROL—LEGEND DRUGS**

**WAC**

- 246-886-001 Purpose.
- 246-886-010 Definitions.
- 246-886-020 Registration.
- 246-886-030 Approved legend drugs.
- 246-886-040 Training of personnel.
- 246-886-050 Legend drug administration.
- 246-886-060 Responsible individuals.
- 246-886-070 Notification.
- 246-886-080 Recordkeeping and reports.
- 246-886-090 Drug storage.
- 246-886-100 Violations.

**WAC 246-886-001 Purpose.** The purpose of this chapter shall be to ensure compliance with the law and rules regarding the use of legend drugs by animal control agencies and humane societies for the sole purpose of sedating animals prior to euthanasia, when necessary, and for use in chemical capture programs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-001, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-010, filed 2/4/91, effective 3/7/91.]

**WAC 246-886-010 Definitions.** (1) "Board": The Washington state board of pharmacy.

(2) "Animal control agency": Any agency authorized by law to euthanize or destroy animals; to sedate animals prior to euthanasia or to engage in chemical capture of animals.

(3) "Humane society": A society incorporated and authorized to act under RCW 16.52.020.

(4) "Legend drugs": "Legend drugs" means any drugs which are 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.

(5) "Controlled substances": "Controlled substance" means a drug, substance, or immediate precursor in Schedule I through V of Article II of chapter 69.50 RCW.

(6) "Approved legend drug": Any legend drug approved by the board for use by registered humane societies or animal control agencies for the sole purpose of sedating animals prior to euthanasia, when necessary, and for use in chemical capture programs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-020, filed 2/4/91, effective 3/7/91.]

**WAC 246-886-020 Registration.** Humane societies and animal control agencies registered with the board under RCW 69.50.310 and WAC 246-887-050 to purchase, possess, and administer sodium pentobarbital as provided therein may also, under that registration, purchase, possess, and administer approved legend drugs as provided in RCW 69.41.080 and herein.

[Statutory Authority: RCW 69.41.080. 92-12-035 (Order 277B), § 246-886-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-030, filed 2/4/91, effective 3/7/91.]

**WAC 246-886-030 Approved legend drugs.** (1) The following legend drugs are hereby designated as "approved legend drugs" for use by registered humane societies or animal control agencies for limited purposes:

- (a) Acetylpromazine.
- (b) Ketamine.
- (c) Xylazine.

(2) A humane society or animal control agency shall not be permitted to purchase, possess, or administer approved legend drugs unless that society or agency:

(a) Is registered with the board under RCW 69.50.310 and WAC 246-887-050 to purchase, possess, and administer sodium pentobarbital;

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(b) Submits to the board written policies and procedures ensuring that only those of its agents and employees who have completed a board-approved training program will possess or administer approved legend drugs; and

(c) Has on its staff at least one individual who has completed a board-approved training program.

(3) The following legend drugs are hereby designated as "approved legend drugs" only for use by agents and biologists of the Washington state department of wildlife: Naltraxone, detomidine, metdetomidine and yohimbine.

[Statutory Authority: RCW 18.64.005. 94-02-060, § 246-886-030, filed 1/3/94, effective 2/3/94. Statutory Authority: RCW 69.41.080. 92-12-035 (Order 277B), § 246-886-030, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-040, filed 2/4/91, effective 3/7/91.]

**WAC 246-886-040 Training of personnel.** (1) Approved legend drugs may only be administered by those personnel who have completed a board-approved training program. Such training programs shall be submitted to the board for approval no later than thirty days prior to the initiation of training.

(2) Any training program shall use a text approved by the board. The board will make available a list of approved texts. Training programs shall be at least four hours in length and shall be taught by a licensed veterinarian or by a person who has completed an approved training program taught by a licensed veterinarian. Each program shall require that the trainee participate in both didactic and practical training in the use of these drugs and shall be required to score no less than seventy-five percent on a final examination. Training programs shall include the following topics:

- (a) Anatomy and physiology;
- (b) Pharmacology of the drugs;
- (c) Indications, contraindications, and adverse effects;
- (d) Human hazards;
- (e) Disposal of medical waste (needles, syringes, etc.);
- (f) Recordkeeping and security requirements.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-050, filed 2/4/91, effective 3/7/91.]

**WAC 246-886-050 Legend drug administration.** Humane societies and animal control agencies and the staff of those agencies may not purchase, possess, or administer controlled substances or legend drugs except sodium pentobarbital and approved legend drugs as provided herein. Provided, staff may administer legend drugs and controlled substances which have been prescribed by a licensed veterinarian for a specific animal and which drugs have been dispensed by a pharmacy or a veterinarian and are properly labeled in accordance with either RCW 18.64.246 or 69.41-050.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-060, filed 2/4/91, effective 3/7/91.]

**WAC 246-886-060 Responsible individuals.** (1) Each agency or society registered in accordance with WAC 246-887-050 shall name a designated individual as the person who shall be responsible for maintaining all records and submitting all reports required by applicable federal or state law or regulation, including chapter 246-887 WAC.

(2) This designated individual shall also be responsible for the ordering, possession, safe storage, and utilization of the sodium pentobarbital and approved legend drugs.

[Statutory Authority: RCW 69.41.080. 92-12-035 (Order 277B), § 246-886-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-070, filed 2/4/91, effective 3/7/91.]

**WAC 246-886-070 Notification.** Each humane society and animal control agency shall promptly notify the board of its designated individual, of all employees authorized to purchase, possess, or administer approved legend drugs, and of any change in the status of these individuals.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-080, filed 2/4/91, effective 3/7/91.]

**WAC 246-886-080 Recordkeeping and reports.** (1) A bound log book with consecutively numbered pages shall be used to record the receipt, use, and disposition of approved legend drugs. No more than one drug shall be recorded on any single page. The record shall be in sufficient detail to allow an audit to be performed.

(2) All invoices, record books, disposition records, and other records regarding approved legend drugs shall be maintained in a readily retrievable manner for no less than two years.

(3) All records shall be available for inspection by the state board of pharmacy or any officer who is authorized to enforce this chapter.

(4) A physical inventory of approved legend drugs shall be performed and reconciled with the log book no less frequently than every six months.

(5) Any discrepancy in the actual inventory of approved legend drugs shall be documented in the log book and reported immediately to the responsible supervisor who shall investigate the discrepancy. Any discrepancy which has not been corrected within seven days shall be reported to the board of pharmacy in writing.

(6) Any approved legend drug which has become unfit for use due to contamination or having passed its expiration date shall be destroyed by a supervisor and another staff member. Record of such destruction shall be made in the log book which shall be signed and dated by the individuals involved.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-090, filed 2/4/91, effective 3/7/91.]

**WAC 246-886-090 Drug storage.** All approved legend drugs shall be stored in a substantially constructed locked cabinet or drawer. Keys to the storage area shall be restricted

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to those persons authorized to administer the drugs. Specifically designated agents and employees of the registrant may possess a supply of approved legend drugs for emergency field use. Such emergency supply shall be stored in a locked metal box securely attached to the vehicle.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-100, filed 2/4/91, effective 3/7/91.]

**WAC 246-886-100 Violations.** The board may suspend or revoke a registration issued under chapter 69.50 RCW if the board determines that any agent or employee of a registered humane society or animal control agency has purchased, possessed, or administered legend drugs in violation of RCW 69.41.080 or this chapter or has otherwise demonstrated inadequate knowledge in the administration of legend drugs. The board's revocation or suspension of a registration as provided herein would restrict the registered entity's ability to use both approved legend drugs and sodium pentobarbital.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-110, filed 2/4/91, effective 3/7/91.]

## Chapter 246-887 WAC

### PHARMACY—REGULATIONS IMPLEMENTING THE UNIFORM CONTROLLED SUBSTANCES ACT

#### WAC

246-887-020	Uniform Controlled Substances Act.
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246-887-180	Schedule V.
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246-887-200	Other controlled substance registrants—Requirements.
246-887-210	Standards for transmission of controlled substances sample distribution reports.

**WAC 246-887-020 Uniform Controlled Substances Act.** (1) Consistent with the concept of uniformity where possible with the federal regulations for controlled substances (21 CFR), the federal regulations are specifically made applicable to registrants in this state by virtue of RCW 69.50.306. Although those regulations are automatically applicable to registrants in this state, the board is nevertheless adopting as its own regulations the existing regulations of the federal government published in the Code of Federal Regulations revised as of April 1, 1991, and all references made therein to

the director or the secretary shall have reference to the board of pharmacy, and the following sections are not applicable: Section 1301.11-.13, section 1301.31, section 1301.43-.57, section 1303, section 1308.41-.48, and section 1316.31-.67. The following specific rules shall take precedence over the federal rules adopted herein by reference, and therefore any inconsistencies shall be resolved in favor of the following specific rules.

(2) A separate registration is required for each place of business (as defined in section 1301.23) where controlled substances are manufactured, distributed or dispensed. Application for registration must be made on forms supplied by the pharmacy board, and all information called for thereon must be supplied unless the information is not applicable, in which case it must be indicated. An applicant for registration must hold the appropriate wholesaler, manufacturer or pharmacy license provided for in chapter 18.64 RCW.

(3) Every registrant shall be required to keep inventory records required by section 1304.04 (of the federal rules which have been adopted by reference by Rule 1) and must maintain said inventory records for a period of two years from the date of inventory. Such registrants are further required to keep a record of receipt and distribution of controlled substances. Such record shall include:

(a) Invoices, orders, receipts, etc. showing the date, supplier and quantity of drug received, and the name of the drug;

(b) Distribution records; i.e., invoices, etc. from wholesalers and manufacturers and prescriptions records for dispensers;

(c) In the event of a loss by theft or destruction, two copies of DEA 106 (report of theft or loss of controlled substances) must be transmitted to the federal authorities and a copy must be sent to the board;

(d) For transfers of controlled substances from one dispenser to another, a record of the transfer must be made at the time of transfer indicating the drug, quantity, date of transfer, who it was transferred to and from whom. Said record must be retained by both the transferee and the transferor. These transfers can only be made in emergencies pursuant to section 1307.11 (federal rules).

(4) The records must be maintained separately for Schedule II drugs. The records for Schedule III, IV and V drugs may be maintained either separately or in a form that is readily retrievable from the business records of the registrant. Prescription records will be deemed readily retrievable if the prescription has been stamped in red ink in the lower right hand corner with the letter "C" no less than one inch high, and said prescriptions are filed in a consecutively numbered prescription file which includes prescription and noncontrolled substances.

(5) A federal order form is required for each distribution of a Schedule I or II controlled substance, and said forms along with other records required to be kept must be made readily available to authorized employees of the board.

(6) Schedule II drugs require that a dispenser have a signed prescription in his possession prior to dispensing said drugs. An exception is permitted in an "emergency." An emergency exists when the immediate administration of the drug is necessary for proper treatment and no alternative treatment is available, and further, it is not possible for the physician to provide a written prescription for the drug at that

time. If a Schedule II drug is dispensed in an emergency, the practitioner must deliver a signed prescription to the dispenser within 72 hours, and further he must note on the prescription that it was filled on an emergency basis.

[Statutory Authority: RCW 43.70.280, 98-05-060, § 246-887-020, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005, 92-04-029 (Order 239B), § 246-887-020, filed 1/28/92, effective 2/29/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-887-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201, 89-17-023 (Order 226), § 360-36-010, filed 8/8/89, effective 9/8/89. Statutory Authority: RCW 69.50.301, 87-10-029 (Order 206), § 360-36-010, filed 5/1/87. Statutory Authority: RCW 18.64.005(4), 85-06-010 (Order 193), § 360-36-010, filed 2/22/85. Statutory Authority: RCW 69.50.301, 80-05-074 (Order 154, Resolution No. 4/80), § 360-36-010, filed 4/28/80; 79-10-007 (Order 151, Resolution No. 9/79), § 360-36-010, filed 9/6/79. Statutory Authority: RCW 69.50.301 and chapter 69.50 RCW, 78-02-070 (Order 140), § 360-36-010, filed 1/25/78; Order 132, § 360-36-010, filed 5/4/77; Order 108, § 360-36-010, filed 10/26/71.]

**WAC 246-887-030 Dispensing Schedule V controlled substances.** (1) Those drugs classified in Schedule V of the Uniform Controlled Substances Act (RCW 69.50.212) which can be dispensed without a prescription can be so distributed only for the medical purpose(s) indicated on the manufacturer's label (e.g., cough syrups may only be dispensed for the treatment of coughs) and shall be dispensed in accordance with the following rules.

(2) Only a licensed pharmacist or a pharmacy intern may dispense a Schedule V drug. The pharmacist or pharmacy intern making the sale is responsible for the recording of the required information in the Schedule V register book. The pharmacist or pharmacy intern shall not sell a Schedule V drug to a person below the age of 21 and shall require the purchaser to supply identification so that the purchaser's true name, address and age can be verified. The pharmacist must keep the Schedule V drugs in a safe place not accessible to members of the public. The name and address of the pharmacy must be placed on the bottle or vial of each Schedule V drug sold and the pharmacist or pharmacy intern dispensing the product must place the date of sale and his/her initials on the label at the time of sale. The pharmacist or pharmacy intern is required to show every purchaser of a Schedule V product a copy of subsections (3) and (4) of this rule (sections relating to purchaser(s) of Schedule V drugs).

(3) No person shall obtain a Schedule V drug without a practitioner's prescription unless he/she complies with the following:

(a) The product must be purchased as a medicine for its indicated medical use only;

(b) The purchaser must sign the Schedule V register book with his/her true name and address and supply proof of identification.

(c) The purchaser cannot purchase more than 120 mls (four fluid ounces) of Schedule V cough preparations, nor more than 240 mls (eight fluid ounces) of Schedule V anti-diarrheal preparations.

(4) In the absence of a practitioner's prescription, no pharmacist or pharmacy shall sell to any person, nor shall any person obtain, within a ninety-six hour period, more than the maximum quantity set forth in subsection (3)(c) of this rule. Further, no pharmacist or pharmacy shall sell to any person, nor shall any person obtain more than twice the maximum quantity set forth in (3)(c) above in any sixty-day period.

(5)(a) Every pharmacy handling Schedule V drugs must keep a Schedule V register book in which the following statement must appear at the top of each page: "I have not obtained any Schedule V preparations within the last ninety-six hours, nor obtained Schedule V preparations more than twice within the last sixty days. This is my true name and address." All sales of Schedule V preparations without a practitioner's prescription shall be recorded in the Schedule V register book and the following information must be recorded therein:

- (i) Printed name of purchaser
- (ii) Signature of purchaser
- (iii) Address of purchaser
- (iv) Name of the Schedule V preparation sold
- (v) Quantity of Schedule V preparation sold
- (vi) Date of sale
- (vii) Initials or name of pharmacist or pharmacy intern who sold the Schedule V drug

(viii) Proof of identification: A unique identification number from a driver's license or from other state or federally issued photo identification card.

(b) All register books used to record the sale of Schedule V preparations shall conform to the following standards:

- (i) The book shall be 8 1/2 inches wide, 11 inches long.
- (ii) The book shall be securely bound, not loose leaf or spiral bound.
- (iii) The book shall have its pages consecutively numbered with a unique number assigned to each book and identified on each page.
- (iv) Each page shall consist of an original and duplicate. If any sales are recorded, the duplicate sheet must be mailed to the board of pharmacy when completed or on the last day of each month, whichever is earlier.

(3) All pharmacy records relating to Schedule V drugs shall be open to examination by state board of pharmacy investigators during normal business hours. The refusal to permit such examination shall constitute grounds for the suspension or revocation of the pharmacist's license.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-36-020, filed 12/17/82. Statutory Authority: RCW 18.64.005 and 69.41.075. 82-19-022 (Order 169), § 360-36-020, filed 9/8/82; Order 108, § 360-36-020, filed 10/26/71.]

**WAC 246-887-040 Designation of nonnarcotic stimulant drugs for purposes of RCW 69.50.402 (a)(3).** The board of pharmacy hereby designates, the following Schedule II controlled substances as nonnarcotic stimulants for purposes of RCW 69.50.402 (a)(3):

- (1) Amphetamine sulfate in any of its generic forms.
- (2) Dextroamphetamine sulfate in any of its generic forms and under the following brand names:
  - (a) Dexedrine (SKF);
  - (b) Dexedrine spansules (SKF).
- (3) Dextroamphetamine HCL in any of its generic forms.
- (4) Dextroamphetamine tannate in any of its generic forms.
- (5) Methamphetamine HCL (Desoxyephedrine HCL) in any of its generic forms and under the following brand name: Desoxyn (Abbott).

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(6) Amphetamine complex in any of its generic forms and under the following brand names:

- (a) Biphedamine 12 1/2 (Pennwalt);
- (b) Biphedamine 20 (Pennwalt).
- (7) Combined amphetamines sold under the following brand names:
  - Obetrol-10 and 20 (Obetrol).
- (8) Phenmetrazine HCL in any of its generic forms and under the following brand name:
  - (a) Preludin (Boehringer-Ingelheim).
- (9) Methylphenidate HCL in any of its generic forms and under the following brand name:
  - (a) Ritalin (Ciba).

[Statutory Authority: RCW 18.64.005. 92-04-029 (Order 239B), § 246-887-040, filed 1/28/92, effective 2/29/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 79-08-069 (Order 148, Resolution No. 7-79), § 360-36-115, filed 7/24/79.]

**WAC 246-887-045 Prescribing, dispensing, or administering of Schedule II nonnarcotic stimulants.** The Schedule II stimulants listed in WAC 246-887-040 may be prescribed, dispensed, or administered to patients for the following disease states or conditions:

- (1) Disease states or conditions listed in RCW 69.50.402 (3)(ii);
- (2) Multiple sclerosis.

[Statutory Authority: RCW 69.50.402 and 18.64.005(7). 03-04-045, § 246-887-045, filed 1/28/03, effective 2/28/03.]

**WAC 246-887-050 Sodium pentobarbital for animal euthanasia.** (1) Registration eligibility. Any humane society or animal control agency who designates a responsible individual under WAC 246-887-070 may apply to the Washington state board of pharmacy for a limited registration under chapter 69.50 RCW (Controlled Substances Act) to purchase, possess and administer sodium pentobarbital. The sodium pentobarbital will be used only to euthanize injured, sick, homeless or unwanted domestic pets and domestic or wild animals.

(2) Sodium pentobarbital restrictions. Sodium pentobarbital obtained under this limited registration shall be labeled "For veterinary use only." The board will make available a list of approved products.

(3) Sodium pentobarbital storage. The registered location supply of sodium pentobarbital shall be kept or stored in a safe or a substantial well-built double-locked drawer or cabinet.

(a) Registrants may designate only the following agents to possess and administer sodium pentobarbital at locations other than the registered location:

- (i) Humane officer;
- (ii) Animal control enforcement officer;
- (iii) Animal control authority;
- (iv) Peace officer authorized by police chief, sheriff or county commissioners.

(b) Specially designated agents of the registrant may possess a supply of sodium pentobarbital for emergency field use. Such emergency supply shall be stored in a locked metal box securely attached to the vehicle. The designated agent

shall be responsible to insure that the sodium pentobarbital is present at the beginning and is present or accounted for at the end of each shift. A log book shall be kept in which all receipts and use of sodium pentobarbital from the emergency supply shall be recorded.

[Statutory Authority: Chapter 69.50 RCW and RCW 18.64.005. 92-12-035 (Order 277B), § 246-887-050, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-210, filed 8/8/89, effective 9/8/89; Order 138, § 360-36-210, filed 11/8/77.]

**WAC 246-887-060 Sodium pentobarbital administration.** All agencies registered under WAC 246-887-050 will establish written policies and procedures to insure that any of their agents or personnel which administer sodium pentobarbital for animal euthanasia have received sufficient training in its handling and administration, and have demonstrated adequate knowledge of the potentials and hazards, and proper techniques to be used in administering the drug. A copy of the written policies and procedures shall be filed with the board at the time of initial application for registration. The board shall be notified in writing of any individuals who have qualified to administer sodium pentobarbital or of any amendments or deletions to the policies and procedures.

[Statutory Authority: Chapter 69.50 RCW and RCW 18.64.005. 92-12-035 (Order 277B), § 246-887-060, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-250, filed 8/8/89, effective 9/8/89; Order 138, § 360-36-250, filed 11/8/77.]

**WAC 246-887-070 Sodium pentobarbital records and reports.** (1) Each agency or society registered in accordance with WAC 246-887-050 shall designate an individual as the registrant who shall be responsible for maintaining all records and submitting all reports required by applicable federal or state law or regulation, including chapter 246-887 WAC.

(2) This designated individual shall also be responsible for the ordering, possession, safe storage and utilization of the sodium pentobarbital.

[Statutory Authority: Chapter 69.50 RCW and RCW 18.64.005. 92-12-035 (Order 277B), § 246-887-070, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-260, filed 8/8/89, effective 9/8/89; Order 138, § 360-36-260, filed 11/8/77.]

**WAC 246-887-080 Sodium pentobarbital registration disciplinary action.** In addition to any criminal or civil liabilities that may occur, the board may deny, suspend, or revoke registration upon determination that (1) the registration was procured through fraud or misrepresentation, (2) the registrant or any agent or employee of the registrant has violated any of the federal or state laws related to drugs, or has violated any of the rules or regulations of the board of pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-270, filed 8/8/89, effective 9/8/89; Order 138, § 360-36-270, filed 11/8/77.]

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**WAC 246-887-090 Authority to control.** Pursuant to the authority granted to the board of pharmacy in RCW 69.50.201, the board has considered the following factors with regards to each of the substances listed in this chapter and in chapter 69.50 RCW:

- (1) The actual or relative potential for abuse;
- (2) The scientific evidence of its pharmacological effect, if known;
- (3) The state of current scientific knowledge regarding the substance;
- (4) The history and current pattern of abuse;
- (5) The scope, duration, and significance of abuse;
- (6) The risk to the public health;
- (7) The potential of the substance to produce psychic or psychological dependence liability; and
- (8) Whether the substance is an immediate precursor of a substance already controlled under the Uniform Controlled Substances Act (chapter 69.50 RCW).

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-400, filed 11/7/84.]

**WAC 246-887-100 Schedule I.** The board finds that the following substances have high potential for abuse and have no accepted medical use in treatment in the United States or that they lack accepted safety for use in treatment under medical supervision. The board, therefore, places each of the following substances in Schedule I.

(a) The controlled substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name, are included in Schedule I.

(b) Opiates. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation:

- (1) Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);
- (2) Acetylmethadol;
- (3) Allylprodine;
- (4) Alphacetylmethadol; [(except for levo-alpha-cetylmethadol - also known as levo-alpha-acetylmethadol, levo-methadyl acetate or LAAM);]
- (5) Alphameprodine;
- (6) Alphamethadol;
- (7) Alpha-methylfentanyl (N-[1-alpha-methyl-beta-phenyl) ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);
- (8) Benzethidine;
- (9) Betacetylmethadol;
- (10) Betameprodine;
- (11) Betamethadol;
- (12) Betaprodine;
- (13) Clonitazene;
- (14) Dextromoramide;
- (15) Diampromide;
- (16) Diethylthiambutene;
- (17) Difenoxin;

- (18) Dimenoxadol;
- (19) Dimepheptanol;
- (20) Dimethylthiambutene;
- (21) Dioxaphetyl butyrate;
- (22) Dipipanone;
- (23) Ethylmethylthiambutene;
- (24) Etonitazene;
- (25) Etoxadine;
- (26) Furethidine;
- (27) Gamma-hydroxybutyric Acid (other names include: GHB);
- (28) Hydroxypethidine;
- (29) Ketobemidone;
- (30) Levomoramide;
- (31) Levophenacilmorphan;
- (32) 3-Methylfentanyl (N-[3-Methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);
- (33) Morpheridine;
- (34) MPPP (1-Methyl-4-phenyl-4-propionoxypiperidine);
- (35) Noracymethadol;
- (36) Norlevorphanol;
- (37) Normethadone;
- (38) Norpipanone;
- (39) PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine);
- (40) Phenadoxone;
- (41) Phenampromide;
- (42) Phenomorphan;
- (43) Phenoperidine;
- (44) Piritramide;
- (45) Proheptazine;
- (46) Properidine;
- (47) Propiram;
- (48) Racemoramide;
- (49) Tilidine;
- (50) Trimeperidine.

(c) Opium derivatives. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, their salts, isomers, and salts of isomers, whenever the existence of these salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Acetorphine;
- (2) Acetyldihydrocodeine;
- (3) Benzylmorphine;
- (4) Codeine methylbromide;
- (5) Codeine-N-Oxide;
- (6) Cyprenorphine;
- (7) Desomorphine;
- (8) Dihydromorphine;
- (9) Drotebanol;
- (10) Etorphine (except hydrochloride salt);
- (11) Heroin;
- (12) Hydromorphanol;
- (13) Methyl-desorphine;
- (14) Methyl-dihydromorphine;
- (15) Morphine methylbromide;
- (16) Morphine methylsulfonate;
- (17) Morphine-N-Oxide;
- (18) Myrophine;

- (19) Nicocodeine;
- (20) Nicomorphine;
- (21) Normorphine;
- (22) Pholcodine;
- (23) Thebacon.

(d) Hallucinogenic substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following hallucinogenic substances, or which contains any of its salts, isomers, and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation (for purposes of paragraph (d) of this section, only, the term "isomer" includes the optical, position, and geometric isomers):

- (1) 4-bromo-2,5-dimethoxy-amphetamine: Some trade or other names: 4-bromo-2,5-dimethoxy-a-methylphenethylamine; 4-bromo-2,5-DMA;
- (2) 2,5-dimethoxyamphetamine: Some trade or other names: 2,5-dimethoxy-a-methylphenethylamine; 2,5-DMA;
- (3) 2,5-dimethoxy-4-ethylamphetamine (DOET)
- (4) 4-methoxyamphetamine: Some trade or other names: 4-methoxy-a-methylphenethylamine; paramethoxyamphetamine, PMA;
- (5) 5-methoxy-3,4-methylenedioxy-amphetamine;
- (6) 4-methyl-2,5-dimethoxy-amphetamine: Some trade and other names: 4-methyl-2,5-dimethoxy-a-methylphenethylamine; "DOM"; and "STP";
- (7) 3,4-methylenedioxy amphetamine;
- (8) 3,4-methylenedioxymethamphetamine (MDMA);
- (9) 3,4,5-trimethoxy amphetamine;
- (10) Bufotenine: Some trade or other names: 3-(beta-Dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethylaminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N,N-dimethyltryptamine; mappine;
- (11) Diethyltryptamine: Some trade or other names: N,N-Diethyltryptamine; DET;
- (12) Dimethyltryptamine: Some trade or other names: DMT;
- (13) Ibogaine: Some trade or other names: 7-Ethyl-6,6 beta,7,8,9,10,12,13,-octahydro-2-methoxy-6,9methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; Tabernanthe iboga;
- (14) Lysergic acid diethylamide;
- (15) Marihuana;
- (16) Mescaline;
- (17) Parahexyl-7374; some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6, 6, 9-trimethyl-6H-dibenzo[b,d]pyran; synhexyl;
- (18) Peyote, meaning all parts of the plant presently classified botanically as *Lophophora Williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds, or extracts; (interprets 21 USC § 812 (c), Schedule I (c)(12))
- (19) N-ethyl-3-piperidyl benzilate;
- (20) N-methyl-3-piperidyl benzilate;
- (21) Psilocybin;
- (22) Psilocyn;
- (23) Tetrahydrocannabinols, synthetic equivalents of the substances contained in the plant, or in the resinous extract

tives of Cannabis, sp., and/or synthetic substances, derivatives, and their isomers with similar chemical structure and pharmacological activity such as the following:

(i) Delta 1 - cis - or transtetrahydrocannabinol, and their optical isomers, excluding tetrahydrocannabinol in sesame oil and encapsulated in a soft gelatin capsule in a drug product approved by the United States Food and Drug Administration;

(ii) Delta 6 - cis - or transtetrahydrocannabinol, and their optical isomers;

(iii) Delta 3,4 - cis - or transtetrahydrocannabinol, and its optical isomers;

(Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered.)

(24) Ethylamine analog of phencyclidine: Some trade or other names: N-ethyl-1-phenylcyclohexylamine, (1-phenylcyclohexyl) ethylamine, N-(1-phenylcyclohexyl)ethylamine, cyclohexamine, PCE;

(25) Pyrrolidine analog of phencyclidine: Some trade or other names: 1-(1-phenylcyclohexyl)pyrrolidine; PCPy; PHP;

(26) Thiophene analog of phencyclidine: Some trade or other names: 1-(1-[2-thenyl]-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP;

(e) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(i) Mecloqualone;

(ii) Methaqualone.

(f) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers:

(i) Cathinone (also known as 2-amino-1-phenyl-1-propanone, alpha-aminopropiophenone, 2-aminopropiophenone and norephedrone)

(ii) Fenethylamine;

(iii) N-ethylamphetamine;

(iv) 4-methylaminorex;

(v) N,N-dimethylamphetamine.

[01-03-108, § 246-887-100, filed 1/22/01, effective 1/22/01. Statutory Authority: RCW 18.64.005. 94-08-098, § 246-887-100, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.65.005 and 18.64.005. 94-07-105, § 246-887-100, filed 3/18/94, effective 3/18/94. Statutory Authority: RCW 18.64.005. 92-04-029 (Order 239B), § 246-887-100, filed 1/28/92, effective 2/29/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-410, filed 8/8/89, effective 9/8/89; 86-16-057 (Order 200), § 360-36-410, filed 8/1/86. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-410, filed 11/7/84.]

**Reviser's note:** The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency.

**Reviser's note:** RCW 34.05.395 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.

**Reviser's note:** Under RCW 34.05.030 (1)(c), as amended by section 103, chapter 288, Laws of 1988, the above section was not adopted under the Administrative Procedure Act, chapter 34.05 RCW, but was published in the Washington State Register and codified into the Washington Administrative Code exactly as shown by the agency filing with history notes added by the code reviser's office.

**WAC 246-887-110 Adding MPPP to Schedule I.** The Washington state board of pharmacy finds that 1-methyl-4-phenyl-4-propionoxypiperidine (MPPP) has high potential for abuse and has no medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision, and hereby places that substance in Schedule I.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-110, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-36-411, filed 9/4/85.]

**WAC 246-887-120 Adding PEPAP to Schedule I.** The Washington state board of pharmacy finds that 1-(2-phenylethyl)-4-phenyl-4-acetyloxypiperidine (PEPAP) has high potential for abuse and has no medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision, and hereby places that substance in Schedule I.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-120, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-36-412, filed 9/4/85.]

**WAC 246-887-130 Adding MDMA to Schedule I.** The Washington state board of pharmacy finds that 3,4-methylenedioxyamphetamine (MDMA) has high potential for abuse and has no medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision, and hereby places that substance in Schedule I.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-36-413, filed 9/4/85.]

**WAC 246-887-131 Adding Methcathinone to Schedule I.** The Washington state board of pharmacy finds that Methcathinone (also called 2-methylamino-1-phenylpropan-1-one, ephedrone, Monomethylpropion, UR 1431) its salts, optical isomers and salts of optical isomers has high potential for abuse and has no medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision and hereby places that substance in Schedule I.

[Statutory Authority: RCW 18.64.005. 92-23-059 (Order 318B), § 246-887-131, filed 11/17/92, effective 12/18/92.]

**WAC 246-887-132 Adding Aminorex to Schedule I.** The Washington state board of pharmacy finds that Aminorex (also called aminoxaphen, 2-amino-5-phenyl-2-oxazolone or 4,5-dihydro-5-phenyl-2-oxazolamine) its salts, optical isomers and salts of optical isomers has high potential for abuse and has no medical use in treatment in the United States or lacks accepted safety for use in treatment under

medical supervision and hereby places that substance in Schedule I.

[Statutory Authority: RCW 18.64.005. 93-14-037 (Order 375B), § 246-887-132, filed 6/29/93, effective 7/30/93.]

**WAC 246-887-133 Adding Alpha-ethyltryptamine to Schedule I.** The Washington state board of pharmacy finds that Alpha-ethyltryptamine has been classified as both a central nervous system stimulant and as a tryptamine hallucinogen. The DEA used its emergency scheduling authority to place this under Schedule I after finding that immediate CSA control was necessary to avoid an imminent hazard to public safety. The substance has been found by DEA in clandestine laboratories and on the illicit drug market. Therefore the Washington State Board of Pharmacy places Alpha-ethyltryptamine under control of Schedule I of the Controlled Substances Act.

[Statutory Authority: RCW 18.64.005. 94-08-098, § 246-887-133, filed 4/6/94, effective 5/7/94.]

**WAC 246-887-140 Schedule II.** The board finds that the following substances have a high potential for abuse and have currently accepted medical use in treatment in the United States, or currently accepted medical use with severe restrictions and that the abuse of the following substances may lead to severe psychic or psychological dependence. The board, therefore, places each of the following substances in Schedule II.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule II.

(b) Substances. (Vegetable origin or chemical synthesis.) Unless specifically excepted, any of the following substances, except those listed in other schedules, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis:

(1) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate, excluding apomorphine, dextrophan, nalbuphine, naloxone, and naltrexone, and their respective salts, but including the following:

- (i) Raw opium;
- (ii) Opium extracts;
- (iii) Opium fluid;
- (iv) Powdered opium;
- (v) Granulated opium;
- (vi) Tincture of opium;
- (vii) Codeine;
- (viii) Ethylmorphine;
- (ix) Etorphine hydrochloride;
- (x) Hydrocodone;
- (xi) Hydromorphone;
- (xii) Metopon;
- (xiii) Morphine;
- (xiv) Oxycodone;
- (xv) Oxymorphone; and
- (xvi) Thebaine.

(2) Any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (b)(1) of this

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section, but not including the isoquinoline alkaloids of opium.

(3) Opium poppy and poppy straw.

(4) Coca leaves and any salt, compound, derivative, or preparation of coca leaves, and any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

(5) Methylbenzoyllecgonine (cocaine—its salts, optical isomers, and salts of optical isomers).

(6) Concentrate of poppy straw (The crude extract of poppy straw in either liquid, solid, or powder form which contains the phenanthrine alkaloids of the opium poppy.)

(c) Opiates. Unless specifically excepted or unless in another schedule any of the following opiates, including its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation, dextrophan and levopropoxyphene excepted:

- (1) Alfentanil;
- (2) Alphaprodine;
- (3) Anileridine;
- (4) Bezitramide;
- (5) Bulk dextropropoxyphene (nondosage forms);
- (6) Carfentanil;
- (7) Dihydrocodeine;
- (8) Diphenoxylate;
- (9) Fentanyl;
- (10) Isomethadone;
- (11) Levo-alpha-acetylmethadol - also known as levo-alpha-acetylmethadol, levomethadyl acetate or LAAM;
- (12) Levomethorphan;
- (13) Levorphanol;
- (14) Metazocine;
- (15) Methadone;
- (16) Methadone—Intermediate, 4-cyano-2-dimethylamino-4,4-diphenyl butane;
- (17) Moramide—Intermediate, 2-methyl-3-morpholino-1,1-diphenylpropane-carboxylic acid;
- (18) Pethidine (meperidine);
- (19) Pethidine—Intermediate—A, 4-cyano-1-methyl-4-phenylpiperidine;
- (20) Pethidine—Intermediate—B, ethyl-4-phenylpiperidine-4-carboxylate;
- (21) Pethidine—Intermediate—C, 1-methyl-4-phenylpiperidine-4-carboxylic acid;
- (22) Phenazocine;
- (23) Piminodine;
- (24) Racemethorphan;
- (25) Remifentanyl;
- (26) Racemorphan;
- (27) Sufentanyl.

(d) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system:

(1) Amphetamine, its salts, optical isomers, and salts of its optical isomers;

(2) Methamphetamine, its salts, optical isomers, and salts of optical isomers;

(3) Phenmetrazine and its salts;

(4) Methylphenidate.

(e) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Amobarbital;

(2) Glutethimide;

(3) Pentobarbital;

(4) Phencyclidine;

(5) Secobarbital.

(f) Immediate precursors. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances:

(1) Immediate precursor to amphetamine and methamphetamine:

(2) Phenylacetone: Some trade or other names phenyl-2-propanone, P2P, benzyl methyl ketone, methyl benzyl ketone.

(3) Immediate precursors to phencyclidine (PCP):

(i) 1-phenylcyclohexylamine;

(ii) 1-piperidinocyclohexanecarbonitrile (PCC).

(g) Hallucinogenic substances.

(1) Nabilone. (Another name for nabilone: (±)-trans-3-(1,1-dimethylheptyl)-6,6a,7,8,10,10a-hexahydro-1-hydroxy-6,6-dimethyl-9H-dibenzo[b,d]pyran-9-one.)

[00-01-075, § 246-887-140, filed 12/13/99. 97-21-054, § 246-887-140, filed 10/13/97, effective 11/13/97. Statutory Authority: RCW 18.65.005 and 18.64.005. 94-07-105, § 246-887-140, filed 3/18/94, effective 3/18/94. Statutory Authority: RCW 18.64.005. 92-04-029 (Order 239B), § 246-887-140, filed 1/28/92, effective 2/29/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-140, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-420, filed 8/8/89, effective 9/8/89; 86-16-057 (Order 200), § 360-36-420, filed 8/1/86. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-420, filed 11/7/84.]

**Reviser's note:** The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency.

**Reviser's note:** Under RCW 69.50.201 (2)(e), the above section was not adopted under the Administrative Procedure Act, chapter 34.05 RCW, but was published in the Washington State Register and codified into the Washington Administrative Code exactly as shown by the agency filing with history notes added by the code reviser's office.

**WAC 246-887-150 Schedule II immediate precursors.** (1) The board finds and designates the following substances as being the principal compound used or produced primarily for use and which are an immediate chemical intermediary used or likely to be used, in the manufacture of a Schedule II controlled substance, the control of which is necessary to prevent, curtail or limit manufacture.

(2) Unless specifically excepted or listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances or their salts or isomers having potential for abuse associated

with the preparation of controlled substances shall be a Schedule II controlled substance.

(a) Anthranilic acid.

(b) Ephedrine.

(c) Hydriodic acid.

(d) Methylamine.

(e) Phenylacetic acid.

(f) Pseudoephedrine.

(g) Methamphetamine.

(h) Lead acetate.

(i) Methyl formamide.

Provided: That any drug or compound containing Ephedrine, or any of its salts or isomers, or Pseudoephedrine, or any of its salts or isomers that are prepared for dispensing or over-the-counter distribution and are in compliance with the Federal Food, Drug and Cosmetic Act and applicable regulations are not controlled substances for the purpose of this section: And Provided Further, That any cosmetic containing lead acetate that is distributed in compliance with the Federal Food, Drug and Cosmetic Act and applicable regulations are not controlled substances.

[Statutory Authority: RCW 18.65.005 and 18.64.005. 94-07-105, § 246-887-150, filed 3/18/94, effective 3/18/94. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-150, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-11-007 (Order 214), § 360-36-425, filed 5/9/88. Statutory Authority: RCW 18.64.005(11). 88-06-060 (Order 211), § 360-36-425, filed 3/2/88.]

**WAC 246-887-160 Schedule III.** The board finds that the following substances have a potential for abuse less than the substances listed in Schedules I and II, and have currently accepted medical use in treatment in the United States and that the abuse of the substances may lead to moderate or low physical dependency or high psychological dependency. The board, therefore, places each of the following substances in Schedule III.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule III.

(b) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Those compounds, mixtures, or preparations in dosage unit form containing any stimulant substances listed in Schedule II which compounds, mixtures, or preparations are referred to as excepted compounds in Schedule III as published in 21 CFR 1308.13 (b)(1) as of April 1, 1984, and any other drug of the quantitative composition shown in that list for those drugs or which is the same except that it contains a lesser quantity of controlled substances;

(2) Benzphetamine;

(3) Chlorphentermine;

(4) Clorpheniramine;

(5) Phendimetrazine.

(c) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system:

- (1) Any compound, mixture, or preparation containing:
  - (i) Amobarbital;
  - (ii) Secobarbital;
  - (iii) Pentobarbital;

or any salt thereof and one or more other active medicinal ingredients which are not listed in any schedule;

- (2) Any suppository dosage form containing:
  - (i) Amobarbital;
  - (ii) Secobarbital;
  - (iii) Pentobarbital;

or any salt of any of these drugs and approved by the Food and Drug Administration for marketing only as a suppository;

(3) Any substance which contains any quantity of a derivative of barbituric acid, or any salt of a derivative of barbituric acid;

- (4) Chlorhexadol;
- (5) Ketamine, its salts, isomers, and salts of isomers—some other names for ketamine: (<plus-minus>)-2-(2-chlorophenyl)-2-(methylamino)-cyclohexanone;
- (6) Lysergic acid;
- (7) Lysergic acid amide;
- (8) Methyprylon;
- (9) Sulfondiethylmethane;
- (10) Sulfonethylmethane;
- (11) Sulfonmethane;

(12) Tiletamine and zolazepam or any salt thereof—some trade or other names for a tiletamine-zolazepam combination product: Telazol some trade or other names for tiletamine: 2-(ethylamino)-2-(2-thienyl) cyclohexanone—some trade or other names for zolazepam: 4-(2-fluorophenyl)-6,8-dihydro-1,3,8-trimethylpyrazolo-[3,4-e] [1,4] diazepam 7 (1H)-one flupyzapon.

(d) Nalorphine.

(e) Anabolic steroids. The term "anabolic steroid" means any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogens, progestins, and corticosteroids) that promotes muscle growth, and includes:

- (1) Boldenone;
- (2) Chlorotestosterone;
- (3) Clostebol;
- (4) Dehydrochlormethyltestosterone;
- (5) Dihydrotestosterone;
- (6) Drostanolone;
- (7) Ethylestrenol;
- (8) Fluoxymesterone;
- (9) Formebolone (Formebolone);
- (10) Mesterolone;
- (11) Methandienone;
- (12) Methandranone;
- (13) Methandriol;
- (14) Methandrostenolone;
- (15) Methenolone;
- (16) Methyltestosterone;
- (17) Mibolerone;

- (18) Nandrolone;
- (19) Norethandrolone;
- (20) Oxandrolone;
- (21) Oxymesterone;
- (22) Oxymetholone;
- (23) Stanolone;
- (24) Stanozolol;
- (25) Testolactone;
- (26) Testosterone;
- (27) Trenbolone; and

(28) Any salt, ester, or isomer of a drug or substance described or listed in this paragraph, if that salt, ester, or isomer promotes muscle growth. Except such term does not include an anabolic steroid which is expressly intended for administration through implants to cattle or other nonhuman species and which has been approved by the secretary of health and human services for such administration. If any person prescribes, dispenses, or distributes such steroid for human use such person shall be considered to have prescribed, dispensed, or distributed an anabolic steroid within the meaning of this paragraph.

The following are implants or pellets which are exempt:

Ingredients	Trade Name	Company
Testosterone Propionate, Oestradiol Benzoate	F-TO	Animal Health Div. Upjohn International Kalamazoo, MI
Trenbolone Acetate	Finaplix-H	Hoechst-Roussel Agri-Vet Co., Somerville, NJ
Trenbolone Acetate	Finaplix-S	Hoechst-Roussel Agri-Vet Co., Somerville, NJ
Testosterone Propionate, Estradiol Benzoate	Heifer-oid	Anchor Division Boehringer Ingelheim St. Joseph, MO
Testosterone Propionate, Estradiol Benzoate	Heifer-oid	Bio-Ceutic Division Boehringer Ingelheim St. Joseph, MO
Testosterone Propionate, Estradiol Benzoate	Heifer-oid	Ivy Laboratories, Inc. Overland Park, KS
Testosterone Propionate, Estradiol Benzoate	Implus	The Upjohn Co. Kalamazoo, MI
Trenbolone Acetate, Estradiol	Revalor-s	Hoechst-Roussel Agri-Vet Co., Somerville, NJ
Testosterone Propionate, Estradiol Benzoate	Synovex H	Syntex Laboratories Palo Alto, CA

(f) The following anabolic steroid products containing compounds, mixtures, or preparations are exempt from the recordkeeping, refill restrictions, and other Controlled Substances Act requirements:

Ingredients	Trade Name	Company
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Androgyn L.A.	Forest Pharmaceuticals St. Louis, MO
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Andro-Estro 90-4	Rugby Laboratories Rockville Centre, NY
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	depANDROGYN	Forest Pharmaceuticals St. Louis, MO
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	DEPO-T.E.	Quality Research Laboratories Carmel, IN

Ingredients	Trade Name	Company
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	depTESTROGEN	Martica Pharmaceuticals Phoenix, AZ
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Duomone	Wintec Pharmaceutical Pacific, MO
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	DURATESTRIN	W.E. Hauck Alpharetta, GA
Testosterone cypionate 50 mg/ml Esterified cypionate 2 mg/ml	DUO-SPAN II	Primedics Laboratories Gardena, CA
Esterified estrogens 1.25 mg. Methyltestosterone 2.5 mg.	Estratest	Solvay Pharmaceuticals Marietta, GA
Esterified estrogens 0.525 mg. Methyltestosterone 1.25 mg.	Estratest HS	Solvay Pharmaceuticals Marietta, GA
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	PAN ESTRA TEST	Pan American Labs Covington, LA
Conjugated estrogens 1.25 mg. Methyltestosterone 10 mg.	Premarin with Methyltestosterone	Ayerst Labs, Inc. New York, NY
Conjugated estrogens 0.625 mg. Methyltestosterone 5 mg.	Premarin with Methyltestosterone	Ayerst Labs, Inc. New York, NY
Testosterone propionate 25 mg Estradiol benzoate 2.5 mg	Synovex H Pellets in process	Syntex Animal Health Palo Alto, CA
Testosterone propionate 10 parts Estradiol benzoate 1 part	Synovex H Pellets in process, granulation	Syntex Animal Health Palo Alto, CA
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	Testagen	Clint Pharmaceutical Nashville, TN
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	TEST-ESTRO Cypionates	Rugby Laboratories Rockville Centre, NY
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	Testosterone Cyp 50 Estradiol Cyp 2	I.D.E.-Interstate Amityville, NY
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	Testosterone Cypionate-Estradiol Cypionate Injection	Best Generics No. Miami Beach, FL
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	Testosterone Cypionate-Estradiol Cypionate Injection	Goldline Labs Ft. Lauderdale FL
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	Testosterone Cypionate-Estradiol Cypionate Injection	Schein Pharmaceuticals Port Washington, NY
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	Testosterone Cypionate-Estradiol Cypionate Injection	Steris Labs, Inc. Phoenix, AZ

Ingredients	Trade Name	Company
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Testosterone Enanthate-Estradiol Valerate Injection	Goldline Labs Ft. Lauderdale FL
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Testosterone Enanthate-Estradiol Valerate Injection	Schein Pharmaceuticals Port Washington, NY
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Testosterone Enanthate-Estradiol Valerate Injection	Steris Labs, Inc. Phoenix, AZ

(g) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, or any salts thereof calculated as the free anhydrous base or alkaloid, in limited quantities as set forth in paragraph (e) of this section:

(1) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium;

(2) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(3) Not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium;

(4) Not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(5) Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(6) Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(7) Not more than 500 milligrams of opium per 100 milliliters or per 100 grams, or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(8) Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(h) Any material, compound, mixture, or preparation containing any of the following narcotic drugs or their salts, as set forth below;

(1) Buprenorphine.

(i) Hallucinogenic substances.

(1) Dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule in a United States Food and Drug Administration approved product. (Some other names for dronabinol [6aR-trans]-6a,7,8, 10a-tetrahydro-6,6,9-trimethyl-3-pentyl-6H-dibenzo[b,d] pyran-i-ol, or (-)-delta-9-(trans)-tetrahydrocannabinol.)

[Statutory Authority: RCW 18.64.005 and 69.50.201. 04-13-162, § 246-887-160, filed 6/23/04, effective 7/24/04. Statutory Authority: RCW

69.50.201 and 18.64.005(7). 03-02-021, § 246-887-160, filed 12/23/02, effective 1/23/03. 00-10-113, § 246-887-160, filed 5/3/00. 00-01-075, § 246-887-160, filed 12/13/99. Statutory Authority: RCW 18.64.005. 96-01-032, § 246-887-160, filed 12/12/95, effective 1/12/96; 94-08-098, § 246-887-160, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.64.005. 93-14-038 (Order 376B), § 246-887-160, filed 6/29/93, effective 7/30/93; 93-06-093 (Order 343B), § 246-887-160, filed 3/3/93, effective 4/3/93; 92-04-029 (Order 239B), § 246-887-160, filed 1/28/92, effective 2/29/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-160, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-430, filed 8/8/89, effective 9/8/89. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-430, filed 11/7/84.]

**Reviser's note:** The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency.

### WAC 246-887-165 Adding Xyrem to Schedule III.

The Washington state board of pharmacy finds that Xyrem, sodium oxybate, Gamma-hydroxybutyric (GHB), is approved for medical use by the Food and Drug Administration and hereby places that substance in Schedule III.

[Statutory Authority: Chapter 69.50 RCW and RCW 18.64.005. 03-09-064, § 246-887-165, filed 4/15/03, effective 5/16/03.]

**WAC 246-887-170 Schedule IV.** The board finds that the following substances have a low potential for abuse relative to substances in Schedule III and have currently accepted medical use in treatment in the United States and that the abuse of the substances may lead to limited physical dependence or psychological dependence relative to the substances in Schedule III. The board, therefore, places each of the following substances in Schedule IV.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule IV.

(b) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth below:

(1) Not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

(2) Dextropropoxyphene (alpha-(+)-e-dimethylamino-1,2-diphenyl-3-methyl-2 propionoxybutane).

(c) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Alprazolam;
- (2) Barbitol;
- (3) Bromazepam;
- (4) Camazepam;
- (5) Chloral betaine;
- (6) Chloral hydrate;
- (7) Chlordiazepoxide;
- (8) Clobazam;
- (9) Clonazepam;
- (10) Clorazepate;
- (11) Clotiazepam;

- (12) Cloxazolam;
- (13) Delorazepam;
- (14) Diazepam;
- (15) Estazolam;
- (16) Ethchlorvynol;
- (17) Ethinamate;
- (18) Ethyl loflazepate;
- (19) Fludiazepam;
- (20) Flunitrazepam;
- (21) Flurazepam;
- (22) Halazepam;
- (23) Haloxazolam;
- (24) Ketazolam;
- (25) Loprazolam;
- (26) Lorazepam;
- (27) Lormetazepam;
- (28) Mebutamate;
- (29) Medazepam;
- (30) Meprobamate;
- (31) Methohexital;
- (32) Methylphenobarbital (mephobarbital);
- (33) Midazolam;
- (34) Nimetazepam;
- (35) Nitrazepam;
- (36) Nordiazepam;
- (37) Oxazepam;
- (38) Oxazolam;
- (39) Paraldehyde;
- (40) Petrichloral;
- (41) Phenobarbital;
- (42) Pinazepam;
- (43) Prazepam;
- (44) Quazepam;
- (45) Temazepam;
- (46) Tetrazepam;
- (47) Triazolam.
- (48) Zolpidem

(d) Fenfluramine. Any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers (whether optical, position or geometric), and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible.

(e) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Cathine ((+) - norpseudoephedrine);
- (2) Diethylpropion;
- (3) Fencamfamin;
- (4) Fenproporex;
- (5) Mazindol;
- (6) Mefenorex;
- (7) Pemoline (including organometallic complexes and chelates thereof);
- (8) Phentermine;
- (9) Pipradrol;
- (10) SPA ((-)-1-dimethylamino-1, 2-dephenylethane.

(f) Other substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts:

- (1) Pentazocine;
- (2) Butorphanol.

[98-02-084 § 246-887-170, filed 1/7/98, effective 1/7/98. Statutory Authority: RCW 18.64.005. 94-08-098, § 246-887-170, filed 4/6/94, effective 5/7/94; 92-04-029 (Order 239B), § 246-887-170, filed 1/28/92, effective 2/29/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-170, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-440, filed 8/8/89, effective 9/8/89. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-440, filed 11/7/84.]

**Reviser's note:** Under RCW 69.50.221 (2)(e), the above section was not adopted under the Administrative Procedure Act, chapter 34.05 RCW, but was published in the Washington State Register and codified into the Washington Administrative Code exactly as shown by the agency filing with history notes added by the code reviser's office.

**WAC 246-887-180 Schedule V.** The board finds that the following substances have low potential for abuse relative to substances in Schedule IV and have currently accepted medical use in treatment in the United States and that the substances have limited physical dependence or psychological dependence liability relative to the substance in Schedule IV. The board, therefore, places each of the following substances in Schedule V.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule V.

(b) Narcotic drugs containing nonnarcotic active medicinal ingredients. Any compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth in this section, which shall include one or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture, or preparation, valuable medicinal qualities other than those possessed by the narcotic drug alone:

- (1) Not more than 200 milligrams of codeine per 100 milliliters or per 100 grams;
- (2) Not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams;
- (3) Not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams;
- (4) Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit;
- (5) Not more than 100 milligrams of opium per 100 milliliters or per 100 grams;
- (6) Not more than 0.5 milligrams of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-180, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-450, filed 11/7/84.]

**WAC 246-887-190 Adding buprenorphine to Schedule V.** The Washington state board of pharmacy finds that buprenorphine has a low potential for abuse relative to sub-

stances in Schedule IV; has currently accepted medical use in treatment in the United States; and the substance has limited physical dependence or psychological dependence liability relative to the substances in Schedule IV, and hereby places that substance in Schedule V.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-190, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-36-451, filed 9/4/85.]

**WAC 246-887-200 Other controlled substance registrants—Requirements.** (1) All persons and firms, except persons exempt from registration, shall register with the board in order legally to possess or use controlled substances.

(2) Persons or firms which are not classified as pharmacies, wholesalers, manufacturers, or researchers shall be classified as other controlled substance registrants. Examples of persons or firms in this classification include analytical laboratories, dog handlers/trainers who use dogs for drug detection purposes, school laboratories and other agencies which have a legitimate need to use precursor chemicals as defined in WAC 246-887-150.

(3) The applicant for a controlled substance registration shall complete and return an application form supplied by the board. Either on the form or on an addendum, the applicant shall list the controlled substances to be used, the purpose for such use, and the names of the persons authorized to access the controlled substances.

(4) All controlled substances shall be stored in a substantially constructed locked cabinet. The registrant shall maintain records in sufficient detail in order to account for the receipt, use, and disposition of all controlled substances. An inventory of all controlled substances in the possession of the registrant shall be completed every two years on the anniversary of the issuances of the registration and shall be maintained for two years. Unwanted, outdated, or unusable controlled substances shall be returned to the source from which obtained or surrendered to the Federal Drug Enforcement Administration.

[Statutory Authority: Chapter 69.50 RCW and RCW 18.64.005. 92-12-035 (Order 277B), § 246-887-200, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-200, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-500, filed 8/8/89, effective 9/8/89.]

**WAC 246-887-210 Standards for transmission of controlled substances sample distribution reports.** These standards describe the format for transmission of data regarding distribution of controlled substance samples by manufacturers or distributors to licensed practitioners in the state of Washington.

(1) Each report shall contain the following information regarding the firm distributing controlled substance samples:

- (a) Name of firm.
- (b) DEA number of firm.
- (c) Complete address of firm including zip code.
- (d) Name and phone number of contact person.

(2) Each report shall contain the following information regarding the licensed practitioner to whom samples are distributed:

- (a) First and last name of practitioner.

- (b) DEA number of practitioner.  
 (c) Professional designation of practitioner. (E.g., MD, DO, DDS).  
 (d) Complete address of practitioner including zip code.  
 (3) Each report shall contain the following information regarding the controlled substance(s) distributed:  
 (a) Name of controlled substance(s) distributed.  
 (b) Dosage units of controlled substance(s) distributed.  
 (c) Quantity distributed.  
 (d) Date distributed.  
 (4) Each report shall be submitted in alphabetical order by practitioner's last name.  
 (5) Each report shall be submitted quarterly.

[Statutory Authority: RCW 18.64.005. 92-09-071 (Order 265B), § 246-887-210, filed 4/14/92, effective 5/15/92.]

- 246-888-090 69.41 RCW, RCW 18.64.005. Recodified as WAC 246-888-070.  
 Is oxygen covered under this rule? [Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-090, filed 12/17/99, effective 1/17/00.] Decodified by 04-18-095, filed 9/1/04, effective 10/2/04. Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. Recodified as WAC 246-888-080.  
 246-888-100 If a individual/resident is able to administer his or her own oral medication through a gastrostomy or "g-tube," can a nonpractitioner provide assistance as outlined in these rules? [Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-100, filed 12/17/99, effective 1/17/00.] Decodified by 04-18-095, filed 9/1/04, effective 10/2/04. Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. Recodified as WAC 246-888-090.  
 246-888-110 Are there any other requirements I need to be aware of? [Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-110, filed 12/17/99, effective 1/17/00.] Decodified by 04-18-095, filed 9/1/04, effective 10/2/04. Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. Recodified as WAC 246-888-100.

### Chapter 246-888 WAC

#### MEDICATION ASSISTANCE

##### WAC

- 246-888-010 Purpose.  
 246-888-020 What is self-administration with assistance and how is it different from independent self-administration or medication administration?  
 246-888-030 How is self-administration with assistance initiated in a community-based care setting or an in-home setting?  
 246-888-045 What is an enabler?  
 246-888-050 How can medications be altered to assist with self-administration?  
 246-888-060 Can all medications be altered to facilitate self-administration?  
 246-888-070 What other type of assistance can a nonpractitioner provide?  
 246-888-080 Is oxygen covered under this rule?  
 246-888-090 If a individual/resident is able to administer his or her own oral medication through a gastrostomy or "g-tube," can a nonpractitioner provide assistance as outlined in these rules?  
 246-888-100 Are there any other requirements I need to be aware of?

#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 246-888-040 What if there is a change in the individual's situation? [Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-040, filed 12/17/99, effective 1/17/00.] Repealed by 04-18-095, filed 9/1/04, effective 10/2/04. Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005.  
 246-888-050 What is an enabler? [Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-050, filed 12/17/99, effective 1/17/00.] Decodified by 04-18-095, filed 9/1/04, effective 10/2/04. Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. Recodified as WAC 246-888-045.  
 246-888-060 How can medications be altered to assist with self-administration? [Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-060, filed 12/17/99, effective 1/17/00.] Decodified by 04-18-095, filed 9/1/04, effective 10/2/04. Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. Recodified as WAC 246-888-050.  
 246-888-070 Can all medications be altered to facilitate self-administration? [Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-070, filed 12/17/99, effective 1/17/00.] Decodified and amended by 04-18-095, filed 9/1/04, effective 10/2/04. Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. Recodified as WAC 246-888-060.  
 246-888-080 What other type of assistance can a nonpractitioner provide? [Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-080, filed 12/17/99, effective 1/17/00.] Decodified by 04-18-095, filed 9/1/04, effective 10/2/04. Statutory Authority: Chapter

**WAC 246-888-010 Purpose.** The legislature recognizes that individuals residing in community-based care settings or in-home settings may need assistance self-administering their legend drugs and controlled substances, due to physical or mental limitations.

Community-based care settings include: Community residential programs for the developmentally disabled, certified by the department of social and health services under chapter 71A.12 RCW; adult family homes licensed under chapter 70.128 RCW; and boarding homes licensed under chapter 18.20 RCW. Community-based care settings do not include acute care or skilled nursing facilities.

In-home settings include: An individual's place of temporary and permanent residence, but does not include acute care or skilled nursing facilities, and does not include community-based care settings. The following rules provide guidance to the individual/resident and caregiver on medication assistance and administration.

[Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. 04-18-095, § 246-888-010, filed 9/1/04, effective 10/2/04. Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-010, filed 12/17/99, effective 1/17/00.]

**WAC 246-888-020 What is self-administration with assistance and how is it different from independent self-administration or medication administration?** Self-administration with assistance means assistance with legend drugs and controlled substances rendered by a nonpractitioner to an individual residing in a community-based care setting or an in-home care setting. It includes reminding or coaching the individual to take their medication, handing the medication container to the individual, opening the medication container, using an enabler, or placing the medication in the hand of the individual/resident. The individual/resident must be able to put the medication into his or her mouth or apply or instill the medication. The individual/resident does not necessarily need to state the name of the medication, intended effects, side effects, or other details, but must be aware that he/she is receiving medications. Assistance may be provided with prefilled insulin syringes. Assistance is limited to handing the prefilled insulin syringe to an individual/resident. Assistance with the administration of any other intravenous and/or injectable medication is specifically

excluded. The individual/resident retains the right to refuse medication. Self-administration with assistance shall occur immediately prior to the ingestion or application of a medication.

Independent self-administration occurs when an individual/resident is independently able to directly apply a legend drug or controlled substance by ingestion, inhalation, injection or other means. In licensed boarding homes, self-administration may include situations in which an individual cannot physically self-administer medications but can accurately direct others per WAC 388-78A-300. These regulations do not limit the rights of people with functional disabilities to self direct care according to chapter 74.39 RCW.

If an individual/resident is not able to physically ingest or apply a medication independently or with assistance, then the medication must be administered to the individual/resident by a person legally authorized to do so (e.g., physician, nurse, pharmacist). All laws and regulations applicable to medication administration apply. If an individual/resident cannot safely self-administer medication or self-administer with assistance and/or cannot indicate an awareness that he or she is taking a medication, then the medication must be administered to the individual/resident by a person legally authorized to do so.

[Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. 04-18-095, § 246-888-020, filed 9/1/04, effective 10/2/04. Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-020, filed 12/17/99, effective 1/17/00.]

**WAC 246-888-030 How is self-administration with assistance initiated in a community-based care setting or an in-home setting?** An individual/resident who resides in a community-based care setting or an in-home setting or his or her representative may request self-administration with assistance. A nonpractitioner may help in the preparation of legend drugs and controlled substances for self-administration where a practitioner has determined and communicated orally or by written direction that such medication preparation assistance is necessary and appropriate.

No additional separate assessment or documentation of the needs of the individual/resident are required in order to initiate self-administration with assistance. It is recommended that providers document their decision making process in the health record of the individual or resident health record.

[Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. 04-18-095, § 246-888-030, filed 9/1/04, effective 10/2/04. Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-030, filed 12/17/99, effective 1/17/00.]

**WAC 246-888-045 What is an enabler?** Enablers are physical devices used to facilitate an individual's/resident's self-administration of a medication. Physical devices include, but are not limited to, a medicine cup, glass, cup, spoon, bowl, prefilled syringes, syringes used to measure liquids, specially adapted table surface, straw, piece of cloth or fabric.

An individual's hand may also be an enabler. The practice of "hand-over-hand" administration is not allowed. Medication administration with assistance includes steadying or guiding an individual's hand while he or she applies or instills

medications such as ointments, eye, ear and nasal preparations.

[Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. 04-18-095, recodified as § 246-888-045, filed 9/1/04, effective 10/2/04. Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-050, filed 12/17/99, effective 1/17/00.]

**WAC 246-888-050 How can medications be altered to assist with self-administration?** Alteration of a medication for self-administration with assistance includes, but is not limited to, crushing tablets, cutting tablets in half, opening capsules, mixing powdered medications with foods or liquids, or mixing tablets or capsules with foods or liquids. Individuals/residents must be aware that the medication is being altered or added to their food.

[Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. 04-18-095, recodified as § 246-888-050, filed 9/1/04, effective 10/2/04. Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-060, filed 12/17/99, effective 1/17/00.]

**WAC 246-888-060 Can all medications be altered to facilitate self-administration?** A pharmacist or other practitioner practicing within their scope of practice must determine that it is safe to alter a legend drug or controlled substance. If the medication is altered, and a practitioner has determined that such medication alteration is necessary and appropriate, the determination shall be communicated orally or by written direction. Documentation of the appropriateness of the alteration must be on the prescription container, or in the individual's/resident's record.

[Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. 04-18-095, amended and recodified as § 246-888-060, filed 9/1/04, effective 10/2/04. Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-070, filed 12/17/99, effective 1/17/00.]

**WAC 246-888-070 What other type of assistance can a nonpractitioner provide?** A nonpractitioner can transfer a medication from one container to another for the purpose of an individual dose. Examples include: Pouring a liquid medication from the medication container to a calibrated spoon or medication cup.

[Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. 04-18-095, recodified as § 246-888-070, filed 9/1/04, effective 10/2/04. Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-080, filed 12/17/99, effective 1/17/00.]

**WAC 246-888-080 Is oxygen covered under this rule?** Under state law, oxygen is not a medication and is not covered under this rule. While oxygen is not considered a medication under state law, oxygen does require an order/prescription from a practitioner.

[Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005. 04-18-095, recodified as § 246-888-080, filed 9/1/04, effective 10/2/04. Statutory Authority: RCW 18.64.005 and 69.41.085. 00-01-123, § 246-888-090, filed 12/17/99, effective 1/17/00.]

**WAC 246-888-090 If an individual/resident is able to administer his or her own oral medication through a gastrostomy or "g-tube," can a nonpractitioner provide assistance as outlined in these rules?** If the prescription is written as an oral medication via "g-tube," and if a practitioner has determined that the medication can be altered, if nec-

essary, for use via "g-tube," the rules as outlined for self-administration with assistance would also apply.

[Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005, 04-18-095, recodified as § 246-888-090, filed 9/1/04, effective 10/2/04. Statutory Authority: RCW 18.64.005 and 69.41.085, 00-01-123, § 246-888-100, filed 12/17/99, effective 1/17/00.]

**WAC 246-888-100 Are there any other requirements I need to be aware of?** You should be familiar with the rules specifically regulating your residential setting. The department of social and health services has adopted rules relating to medication services in boarding homes and adult family homes.

[Statutory Authority: Chapter 69.41 RCW, RCW 18.64.005, 04-18-095, recodified as § 246-888-100, filed 9/1/04, effective 10/2/04. Statutory Authority: RCW 18.64.005 and 69.41.085, 00-01-123, § 246-888-110, filed 12/17/99, effective 1/17/00.]

## Chapter 246-889 WAC

### PHARMACEUTICAL—PRECURSOR SUBSTANCE CONTROL

#### WAC

246-889-020	Precursor substance defined.
246-889-030	Reports of precursor receipt.
246-889-040	Monthly reporting option.
246-889-050	Suspicious transactions.

#### WAC 246-889-020 Precursor substance defined. (1)

For the purpose of this chapter a precursor substance is any of the following substances or their salts or isomers:

- (a) Anthranilic acid;
- (b) Barbituric acid;
- (c) Chlorephedrine;
- (d) Diethyl malonate;
- (e) D-lysergic acid;
- (f) Ephedrine;
- (g) Ergotamine tartrate;
- (h) Ethylamine;
- (i) Ethyl malonate;
- (j) Ethylephedrine;
- (k) Gamma-butyrolactone (GBL);
- (l) Hydriodic acid;
- (m) Lead acetate;
- (n) Malonic acid;
- (o) Methylamine;
- (p) Methylformamide;
- (q) Methylphedrine;
- (r) Methylpseudoephedrine;
- (s) N-acetylanthranilic acid;
- (t) Norpseudoephedrine;
- (u) Phenylacetic acid;
- (v) Phenylpropanolamine;
- (w) Piperidine;
- (x) Pseudoephedrine; and
- (y) Pyrrolidine.

Provided; that this definition shall not include any drug that contains ephedrine, phenylpropanolamine, or pseudoephedrine or any cosmetic if that drug or cosmetic can be lawfully sold, transferred, or furnished over-the-counter without a prescription or by a prescription under chapter 69.04 or 69.41 RCW.

(2005 Ed.)

(2) The board finds that the reference to methylformamide in RCW 69.43.010, was intended to refer to methylformamide and corrects that reference by deleting "methylformamide" and adding "methylformamide." This change is based upon the finding that this revision conforms to the tests set forth in RCW 69.43.010(2).

(3) Registrants should be aware that precursor substances in subsection (1)(a), (f), (k), (l), (n), (o), (p), (t), and (w) of this section are also regulated as schedule II immediate precursors pursuant to WAC 246-887-150 and all applicable rules and laws governing the distribution of schedule II controlled substances must also be complied with.

[Statutory Authority: RCW 69.43.050, 18.64.005, 02-18-024, § 246-889-020, filed 8/23/02, effective 9/23/02. Statutory Authority: RCW 18.65.005 and 18.64.005, 94-07-105, § 246-889-020, filed 3/18/94, effective 3/18/94. Statutory Authority: RCW 69.43.050, 92-12-035 (Order 277B), § 246-889-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-889-020, filed 8/30/91, effective 9/30/91. Statutory Authority: 1988 c 147 § 5, 88-14-096 (Order 218), § 360-38-010, filed 7/6/88.]

#### WAC 246-889-030 Reports of precursor receipt. (1)

Any manufacturer, wholesaler, retailer, or any other person who receives from any source outside the state of Washington any precursor substance listed in WAC 246-889-020 shall submit a report of such transaction within fourteen days of the receipt of that substance.

(2) The report shall contain the following information:

- (a) Name of substance;
- (b) Quantity received;
- (c) Date received;
- (d) Name and address of firm or person receiving substance; and
- (e) Name and address of the source selling, transferring, or furnishing the substance.

(3) The report shall be on a form approved by the board: Provided, That in lieu of an approved form the board will accept a copy of an invoice, packing list, or other shipping document which contains the information set forth in subsection (2) of this section. Under this option purchase price information appearing on the document can be deleted.

[Statutory Authority: RCW 69.43.050, 92-12-035 (Order 277B), § 246-889-030, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-889-030, filed 8/30/91, effective 9/30/91. Statutory Authority: 1988 c 147 § 5, 88-14-096 (Order 218), § 360-38-020, filed 7/6/88.]

**WAC 246-889-040 Monthly reporting option. (1)** Permit holders who regularly transfer the same precursor substance to the same recipient can apply to the board for authorization to submit the report of said transactions on a monthly basis. Requests for monthly reporting authorization must be received at the board office at least thirty days prior to the board meeting at which the request will be considered. The board will review each request to determine if the requirements of RCW 69.43.010(5), are met and will notify the permit holder of its decision and the reporting format that will be authorized.

(2) Permit holders may also petition the board to accept the monthly report on a computer-generated basis. The report can be furnished in hard copy, on board-approved data storage methods or by computer interface with a board-operated

computer. The permit holder will be responsible for the accuracy of the report and the prompt correction of any data entry or transmission errors.

(3) The authorization to use monthly reports or computer-generated monthly reports can be rescinded at the board's discretion and with thirty days notice.

[Statutory Authority: RCW 69.43.050, 92-12-035 (Order 277B), § 246-889-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-889-040, filed 8/30/91, effective 9/30/91. Statutory Authority: 1988 c 147 § 5, 88-14-096 (Order 218), § 360-38-030, filed 7/6/88.]

**WAC 246-889-050 Suspicious transactions.** Any manufacturer or wholesaler who sells, transfers, or furnishes any substance specified in RCW 69.43.010(1) or WAC 246-889-020 to any person shall report any suspicious transaction in writing to the state board of pharmacy. For the purpose of this rule, a "suspicious transaction" is defined as:

(1) Any sale or transfer that would lead a reasonable person to believe that the substance is likely to be used for the purpose of unlawfully manufacturing a controlled substance under chapter 69.50 RCW, based on such factors as:

- (a) The amount of the substance involved;
- (b) The method of payment;
- (c) The method of delivery; or
- (d) Any past dealings with any participant in the transaction.

(2) The transaction involves payment for any substance specified in RCW 69.43.010(1) or WAC 246-889-020 in cash or money orders in a total amount of more than two hundred dollars.

(3) Any sale or transfer of any substance specified in RCW 69.43.010(1) or WAC 246-889-020 that meets the criteria identifying suspicious orders in Appendix A of the U.S. Department of Justice, Drug Enforcement Administration, Diversion Control Program Report of the Suspicious Orders Task Force. Copies of the publication are available upon request from the state board of pharmacy.

(4) In addition to the above suspicious transaction criteria, the following requirements shall apply to over-the-counter wholesalers and full-line wholesalers:

(a) An over-the-counter wholesaler shall also use the following formula to identify a suspicious transaction:

(i) Any wholesaler whose individual sale or transfer of any product specified in RCW 69.43.010(1) or WAC 246-889-020 exceeds ten percent of the seller's distribution, during the same calendar month, shall be considered a suspicious transaction (e.g., if a wholesaler sells one thousand dollars' worth of pseudoephedrine tablets during a month in which less than ten thousand dollars of other goods are sold to its customers). In this case, the sales to each of the customers must be reported to the board.

(ii) Any time the value of a sale to a single customer of any product listed in RCW 69.43.010(1) or WAC 246-889-020 exceeds ten percent of the value of the full order shipped to the customer (e.g., if a wholesaler sells an order to a customer which contains one hundred dollars' worth of pseudoephedrine tablets either alone or along with twenty-five dollars' worth of aspirin tablets).

(b) A full-line wholesaler shall also use the formula listed in Appendix E-3 of the U.S. Department of Justice,

Drug Enforcement Administration, Diversion Control Program Report of the Suspicious Orders Task Force to identify a suspicious transaction.

(5) The written report of a suspicious transaction shall contain, at a minimum, the following information:

- (a) Name, address and phone number of the manufacturer and/or wholesaler making the report;
- (b) Name and address of the person or firm receiving the suspicious transaction;
- (c) Quantity of substance purchased, transferred, or furnished;
- (d) Date of purchase, transfer, or furnish; and
- (e) Method of payment of the substance.

[Statutory Authority: RCW 69.43.035 and 18.64.005(7), 03-13-027, § 246-889-050, filed 6/10/03, effective 7/11/03.]

## Chapter 246-891 WAC PHARMACY—PROPHYLACTICS

### WAC

246-891-010	Definitions.
246-891-020	Conditions for the sale of condoms.
246-891-030	Condom standards.

**WAC 246-891-010 Definitions.** (1) The following definitions shall be applicable to these rules.

(1) "Board" shall mean the Washington state board of pharmacy;

(2) "Condom" shall mean a prophylactic consisting of a very thin sheath designed to be placed over the penis to prevent conception or venereal disease during coitus, and is commonly made of rubber, parchment skins, plastic or similar materials;

(3) "Prophylactic" shall mean any device or medical preparation or compound which is or may be used, designed, intended or which has or may have special utility, for the prevention and/or treatment of venereal diseases;

(4) "Sell" and "sale" shall, in addition to their usual and ordinary meanings, include possession in violation of the intent of this chapter, exchange, give away or gift, or any disposal.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-891-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.040.730 [69.04.730], 85-06-010 (Order 193), § 360-40-010, filed 2/22/85. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290, 83-01-083 (Order 171), § 360-40-010, filed 12/17/82; Order 108, § 360-40-010, filed 10/26/71.]

**WAC 246-891-020 Conditions for the sale of condoms.** Condoms sold in this state must meet the following conditions:

(1) All condoms shall be individually sealed in plastic, foil or a comparable type seal to protect the product from deterioration due to exposure to air.

(2) The container in which the condom is sold to the purchaser shall bear the date of manufacture or shall bear an expiration date not more than five years after the date of manufacture. Condoms may not be sold in this state five years after the date of manufacture. Condoms bearing an expiration date may not be sold in this state after their expiration date. Condoms not bearing an expiration date may not be sold in this state more than five years after the date of manufacture.

(3) All consumer packages containing one or more individually wrapped condoms shall contain easily understood directions for use.

[Statutory Authority: RCW 18.64.005, 95-08-020, § 246-891-020, filed 3/27/95, effective 4/27/95. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-891-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 88-20-038 (Order 219), § 360-40-040, filed 9/30/88. Statutory Authority: RCW 18.64.005 and 69.040.730 [69.04.730]. 85-06-010 (Order 193), § 360-40-040, filed 2/22/85. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290, 83-01-083 (Order 171), § 360-40-040, filed 12/17/82.]

**WAC 246-891-030 Condom standards.** All condoms shall meet the following standards:

(1) Latex rubber condoms shall comply with applicable United States Food and Drug Administration requirements current at the time of manufacture.

(2) Condoms made from materials other than rubber shall conform to applicable United States Food and Drug Administration requirements current at the time of manufacture.

[Statutory Authority: RCW 18.64.005, 95-08-020, § 246-891-030, filed 3/27/95, effective 4/27/95. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-891-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.040.730 [69.04.730]. 85-06-010 (Order 193), § 360-40-070, filed 2/22/85. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290, 83-01-083 (Order 171), § 360-40-070, filed 12/17/82.]

**Chapter 246-895 WAC**

**PHARMACY—GOOD MANUFACTURING PRACTICE FOR FINISHED PHARMACEUTICALS**

**WAC**

246-895-010	Definitions.
246-895-020	Finished pharmaceuticals—Manufacturing practice.
246-895-030	Personnel.
246-895-040	Buildings or facilities.
246-895-050	Equipment.
246-895-060	Production and control procedures.
246-895-070	Components.
246-895-080	Component and drug product containers and closures.
246-895-090	Reuse of teat dip containers and closures.
246-895-100	Laboratory controls.
246-895-110	Stability.
246-895-120	Expiration dating.
246-895-130	Packaging and labeling.
246-895-140	Master production and control records—Batch production and control records.
246-895-150	Distribution records.
246-895-160	Complaint files.
246-895-170	Variance and procedure.

**WAC 246-895-010 Definitions.** (1) As used in these regulations, "act" means the Uniform Food, Drug and Cosmetic Act, chapter 69.04 RCW.

(2) The definitions and interpretations contained in the act shall be applicable to such terms used in these regulations.

(3) As used in these regulations:

(a) The term "component" means any ingredient intended for use in the manufacture of a drug product, including those that may not appear in the finished product.

(b) The term "drug product" means a finished dosage form (e.g., tablet, capsule, solution) that contains an active drug ingredient generally, but not necessarily, in association with inactive ingredients. The term also includes a finished dosage form that does not contain an active ingredient but is intended to be used as a placebo.

(c) The term "active ingredient" means any component that is intended to furnish pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease, or to affect the structure or any function of the body of humans or other animals. The term includes those components that may undergo chemical change in the manufacture of the drug product and be present in that drug product in a modified form intended to furnish the specified activity or effect.

(d) The term "inactive ingredient" means any component other than an "active ingredient" present in a drug product.

(e) The term "batch" means a specific quantity of a drug or other material that has uniform character and quality, within specified limits, and is produced according to a single manufacturing order during the same cycle of manufacture.

(f) The term "lot" means a batch or a specific identified portion of a batch having uniform character and quality within specified limits; or, in the case of a drug product produced by continuous process, it is a specific identified amount produced in a unit of time or quantity in a manner that assures its having uniform character and quality within specified limits.

(g) The terms "lot number," "control number," or "batch number" mean any distinctive combination of letters, numbers, or symbols, or any combination of them, from which the complete history of the manufacture, processing, packing, holding, and distribution of a batch or lot of drug product or other material can be determined.

(h) The term "quality control unit" means any person or organizational element having the authority and responsibility to approve or reject components, in-process materials, packaging components, and final products.

(i) The term "strength" means:

(i) The concentration of the drug product (for example, w/w, w/v, or unit dose/volume basis); and/or

(ii) The potency, that is, the therapeutic activity of the drug product as indicated by appropriate laboratory tests or by adequately developed and controlled clinical data (expressed, for example, in terms of units by reference to a standard).

(j) The term "fiber" means any particulate contaminant with a length at least three times greater than its width.

(k) The term "nonfiber-releasing filter" means any filter, which after any appropriate pretreatment such as washing or flushing, will not release fibers into the component or drug product that is being filtered. All filters composed of asbestos are deemed to be fiber-releasing filters.

(l) The term "manufacture" means the production, preparation, propagation, compounding, or processing of a drug or other substance or device or the packaging or repackaging of such substance or device, or the labeling or relabeling of the commercial container of such substance or device, but does not include the activities of a practitioner who, as an incident to his or her administration or dispensing such substance or device in the course of his or her professional practice, prepares, compounds, packages or labels such substance or device.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 88-21-025 (Order 220), § 360-46-010, filed 10/10/88; Order 133, § 360-46-010, filed 8/4/77.]

**WAC 246-895-020 Finished pharmaceuticals—Manufacturing practice.** (1) The criteria in WAC 246-895-040 through 246-895-160, inclusive, shall apply in determining whether the methods used in, or the facilities or controls used for, the manufacture, processing, packing, or holding of a drug conform to or are operated or administered in conformity with current good manufacturing practice to assure that a drug meets the requirements of the act as to safety and has the identity and strength and meets the quality and purity characteristics which it purports or is represented to possess as required by the act.

(2) The regulations in this chapter permit the use of precision automatic, mechanical, or electronic equipment in the production and control of drugs when written inspection and checking policies and procedures are used to assure proper performance.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-020, filed 10/10/88; Order 133, § 360-46-020, filed 8/4/77.]

**WAC 246-895-030 Personnel.** (1) The personnel responsible for directing the manufacture and control of the drug shall be adequate in number and background of education, training, and experience, or combination thereof, to assure that the drug has the safety, identity, strength, quality, and purity that it purports to possess. All personnel shall have capabilities commensurate with their assigned functions, a thorough understanding of the manufacturing or control operations they perform, the necessary training or experience, and adequate information concerning the reason for application of pertinent provisions of this part to their respective functions.

(2) Any person shown at any time (either by medical examination or supervisory observation) to have an apparent illness or open lesions that may adversely affect the safety or quality of drugs shall be excluded from direct contact with components, drug product containers, closures, in-process materials, and drug products until the condition is corrected or determined by competent medical personnel not to jeopardize the safety or quality of drug products. All employees shall be instructed to report to supervisory personnel any conditions that may have such an adverse effect on drug products.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-030, filed 10/10/88; Order 133, § 360-46-030, filed 8/4/77.]

**WAC 246-895-040 Buildings or facilities.** Buildings shall be maintained in a clean and orderly manner and shall be of suitable size, construction, and location to facilitate adequate cleaning, maintenance, and proper operations in the manufacturing, processing, packing, repacking, labeling, or holding of a drug. The buildings shall:

(1) Provide adequate space for:

(a) Orderly placement of equipment and materials to minimize any risk of mixups between different drugs, drug components, drug products, in-process materials, packaging

materials, or labeling, and to minimize the possibility of contamination.

(b) The receipt, storage, and withholding from use of components pending sampling, identification, and testing prior to release by the quality control unit for manufacturing or packaging.

(c) The holding of rejected components prior to disposition to preclude the possibility of their use in manufacturing or packaging procedures for which they are unsuitable.

(d) The storage of components, containers, packaging materials, and labeling.

(e) Any manufacturing and processing operations performed.

(f) Any packaging or labeling operations.

(g) Storage of finished products.

(h) Control and production-laboratory operations.

(2) Provide adequate lighting, ventilation, and screening and, when necessary for the intended production or control purposes, provide facilities for adequate air-pressure, microbiological, dust humidity, and temperature controls to:

(a) Minimize contamination of products by extraneous adulterants, including cross-contamination of one product by dust or particles of ingredients arising from the manufacture, storage, or handling of another product.

(b) Minimize dissemination of micro-organisms from one area to another.

(c) Provide suitable storage conditions for drug components, in-process materials, and finished drugs in conformance with stability information as derived under WAC 246-895-110.

(3) Provide adequate locker facilities and hot and cold water washing facilities, including soap or detergent, air drier or single service towels, and clean toilet facilities near working areas.

(4) Provide an adequate supply of potable water under continuous positive pressure in a plumbing system free of defects that could cause or contribute to contamination of any drug. Drains shall be of adequate size and, where connected directly to a sewer, shall be equipped with traps to prevent back-siphonage.

(5) Provide suitable housing and space for the care of all laboratory animals.

(6) Provide for safe and sanitary disposal of sewage, trash, and other refuse within and from the buildings and immediate premises.

(7) Be maintained in a clean, orderly, and sanitary condition. There shall be written procedures assigning responsibility for sanitation and describing the cleaning schedule and methods.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-040, filed 10/10/88; Order 133, § 360-46-040, filed 8/4/77.]

**WAC 246-895-050 Equipment.** Equipment used for the manufacture, processing, packing, labeling, holding, testing, or control of drugs shall be maintained in a clean and orderly manner and shall be of suitable design, size, construc-

tion, and location to facilitate cleaning, maintenance, and operation for its intended purpose. The equipment shall:

(1) Be so constructed that all surfaces that come into contact with a drug component, in-process material, or drug product shall not be reactive, additive, or absorptive so as to alter the safety, identity, strength, quality, or purity of the drug product beyond the official or other established requirements.

(2) Be so constructed that any substances required for operation of the equipment, such as lubricants or coolants, do not contact drug products so as to alter the safety, identity, strength, quality, or purity of the drug or its components beyond the official or other established requirements.

(3) Be constructed and installed to facilitate adjustment, disassembly cleaning and maintenance to assure the reliability of control procedures, uniformity of production and exclusion from the drugs of contaminants from previous and current operations that might affect the safety, identity, strength, quality, or purity of the drug or its components beyond the official or other established requirements.

(4) Be of suitable type, size and accuracy for any testing, measuring, mixing, weighing, or other processing or storage operations.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-050, filed 10/10/88; Order 133, § 360-46-050, filed 8/4/77.]

**WAC 246-895-060 Production and control procedures.** Production and control procedures shall include all reasonable precautions, including the following, to assure that the drugs produced have the safety, identity, strength, quality, and purity they purport to possess:

(1) Each significant step in the process, such as the selection, weighing, and measuring of components, the addition of ingredients during the process, weighing and measuring during various stages of the processing, and the determination of the finished yield, shall be performed by a competent and responsible individual and checked by a second competent and responsible individual; or if such steps in the processing are controlled by precision automatic, mechanical, or electronic equipment, their proper performance is adequately checked by one or more competent individuals. The written record of the significant steps in the process shall be identified by the individual performing these tests and by the individual charged with checking these steps. Such identifications shall be recorded immediately following the completion of such steps.

(2) All containers, lines, and equipment used during the production of a batch of a drug shall be properly identified at all times to accurately and completely indicate their contents, including batch number, and, when necessary, the stage of processing of the batch.

(3) To minimize contamination and prevent mixups, equipment, utensils, and containers shall be thoroughly and appropriately cleaned and properly stored and have previous batch identification removed or obliterated between batches or at suitable intervals in continuous production operations.

(4) Appropriate written procedures, designed to prevent objectionable microorganisms in drug products not requiring to be sterile, shall be established and followed.

(5) Appropriate written procedures, designed to prevent microbiological contamination of drug products purporting to be sterile, shall be established and followed. Such procedures shall include validation of any sterilization process.

(6) Appropriate procedures shall be established to minimize the hazard of cross-contamination of any drugs while being manufactured or stored.

(7) To assure the uniformity and integrity of products, there shall be adequate in-process controls, such as checking the weights and disintegration times of tablets, the adequacy of mixing, the homogeneity of suspensions, and the clarity of solutions. In-process sampling shall be done at appropriate intervals using suitable equipment.

(8) Representative samples of all dosage form drugs shall be tested to determine their conformance with the specifications for the product before distribution.

(9) Procedures shall be instituted whereby review and approval of all production and control records, including packaging and labeling, shall be made prior to the release or distribution of a batch. A thorough investigation of any unexplained discrepancy or the failure of a batch to meet any of its specifications shall be undertaken whether or not the batch has already been distributed. This investigation shall be undertaken by a competent and responsible individual and shall extend to other batches of the same drug and other drugs that may have been associated with the specific failure. A written record of the investigation shall be made and shall include the conclusions and followup.

(10) Returned goods shall be identified as such and held. If the conditions under which returned goods have been held, stored, or shipped prior to or during their return, or the condition of the product, its container, carton, or labeling as a result of storage or shipping, cast doubt on the safety, identity, strength, quality, or purity of the drug product, the returned goods shall be destroyed or subjected to adequate examination or testing to assure that the material meets all appropriate standards or specifications before being returned to stock for warehouse distribution or repacking. If the product is neither destroyed nor returned to stock, it may be reprocessed provided the final product meets all its standards and specifications. Records of returned goods shall be maintained and shall indicate the quantity returned, date, and actual disposition of the product. If the reason for returned goods implicates associated batches, an appropriate investigation shall be made in accordance with the requirements of subsection (9) of this section.

(11) Filters used in the manufacture, processing, or packaging of components of drug products for parenteral injection in humans shall not release fibers into such products. No asbestos-containing or other fiber-releasing filter may be used in the manufacture, processing, or packaging of such products. Filtration, as needed, shall be through a non-fiber-releasing filter.

(12) Appropriate procedures shall be established to destroy beyond recognition and retrievability any and all components or drug products that are to be discarded or destroyed for any reason.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-060, filed 10/10/88; Order 133, § 360-46-060, filed 8/4/77.]

**WAC 246-895-070 Components.** All components and other materials used in the manufacture, processing, and packaging of drug products, and materials necessary for building and equipment maintenance, upon receipt shall be stored and handled in a safe, sanitary, and orderly manner. Adequate measures shall be taken to prevent mixups and cross-contamination affecting drugs and drug products. Components shall be withheld from use until they have been identified, sampled, and tested for conformance with established specifications and are released by a quality control unit. Control of components shall include the following:

(1) Each container of component shall be examined visually for damage or contamination prior to use, including examination for breakage of seals when indicated.

(2) An adequate number of samples shall be taken from a representative number of component containers from each lot and shall be subjected to one or more tests to establish the specific identity.

(3) Sample containers shall be identified so that the following information can be determined: Name of the material sampled, the lot number, the container from which the sample was taken, and the name of the person who collected the sample.

(4) Containers from which samples have been taken shall be marked to show that samples have been removed from them.

(5) Representative samples of components liable to contamination with filth, insect infestation, or other extraneous contaminants shall be appropriately examined.

(6) Representative samples of all components intended for use as active ingredients shall be tested to determine their strength in order to assure conformance with appropriate specifications.

(7) Representative samples of components liable to microbiological contamination shall be subjected to microbiological tests prior to use. Such components shall not contain microorganisms that are objectionable in view of their intended use.

(8) Approved components shall be appropriately identified and retested as necessary to assure that they conform to appropriate specifications of identity, strength, quality, and purity at time of use. This requires the following:

(a) Approved components shall be handled and stored to guard against contaminating or being contaminated by other drugs or components.

(b) Approved components shall be rotated in such a manner that the oldest stock is used first.

(c) Rejected components shall be identified and held to preclude their use in manufacturing or processing procedures for which they are unsuitable.

(9) Appropriate records shall be maintained, including the following:

(a) The identity and quantity of the component, the name of the supplier, the supplier's lot number, and the date of receipt.

(b) Examinations and tests performed and rejected components and their disposition.

(c) An individual inventory and record for each component used in each batch of drug manufactured or processed.

(10) An appropriately identified reserve sample of all active ingredients consisting of at least twice the quantity

necessary for all required tests, except those for sterility and determination of the presence of pyrogens, shall be retained for at least two years after distribution of the last drug lot incorporating the component has been completed or one year after the expiration date of this last drug lot, whichever is longer.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-070, filed 10/10/88; Order 133, § 360-46-070, filed 8/4/77.]

**WAC 246-895-080 Component and drug product containers and closures.** (1) Component and drug product containers and closures shall:

(a) Not be reactive, additive, or absorptive so as to alter the safety, identity, strength, quantity, or purity of the product or its components beyond the official or established requirements;

(b) Provide adequate protection against foreseeable external factors in storage and use that can cause deterioration or contamination of the drug product; and

(c) Be clean and, where indicated by the nature of the drug, sterilized and processed to remove pyrogenic properties to assure that they are suitable for their intended use.

Containers and their components for parenterals shall be cleansed with water which has been filtered through a nonfiber-releasing filter.

(2) Standards or specifications, methods of testing, and, where indicated, processing to remove pyrogenic properties shall be written and followed for component and drug product containers and closures.

(3) Except as provided for in WAC 246-895-090, drug product containers and closures shall not be reused for component or drug product packaging.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-080, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 88-01-025 (Order 208), § 360-46-081, filed 12/9/87.]

**WAC 246-895-090 Reuse of teat dip containers and closures.** The reuse of teat dip containers and closures shall be allowed under the following circumstances:

(1) Teat dip containers for reuse must have attached a labelling panel bearing product name, brand name and distributor address if marketed by other than the manufacturer, manufacturer name and address, product strength, quantity, expiration date, directions for use, and appropriate cautionary statements for the product contained within.

(2) All reusable teat dip containers will be hot stamped for permanent identification as teat dip containers. The hot stamp shall imprint on the plastic container, in an immutable manner, the words "teat dip only" and the manufacturer's name. Teat dip manufacturers may only refill containers bearing their company name.

(3) With cooperation from dairy producers, dairy sanitarians will take random samples of teat dip in reusable containers while on regular farm inspections. The samples, along with appropriate label information, will be forwarded to the board of pharmacy for analysis to insure that the product meets label specifications and is free of contamination.

(4) Reusable teat dip containers shall not be reactive, additive, or absorptive so as to alter the safety, identity, strength, quantity, or purity of the product.

(5) Upon return to the manufacturer, reusable teat dip containers shall be cleaned and sanitized. To insure adequate cleaning occurs, the board of pharmacy may require a manufacturer to submit and have approved a cleaning procedure. Containers showing structural damage, or any signs of being used for substances or materials other than teat dip shall not be reused as teat dip containers.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 88-01-025 (Order 208), § 360-46-082, filed 12/9/87.]

**WAC 246-895-100 Laboratory controls.** Laboratory controls shall include the establishment of scientifically sound and appropriate written specifications, standards, and test procedures to assure that components, in-processed drugs, and finished products conform to appropriate standards of identity, strength, quality and purity. Laboratory controls shall include:

(1) The establishment of master records containing appropriate specifications for the acceptance of each lot of drug components, product containers, and their components used in drug production and packaging and a description of the sampling and testing procedures used for them. Said samples shall be representative and adequately identified. Such records shall also provide for appropriate retesting of drug components, product containers, and their components subject to deterioration.

(2) A reserve sample of all active ingredients as required by WAC 246-895-070.

(3) The establishment of master records, when needed, containing specifications and a description of sampling and testing procedures for in-process drug preparations. Such samples shall be adequately representative and properly identified.

(4) The establishment of master records containing a description of sampling procedures and appropriate specifications for finished drug products. Such samples shall be adequately representative and properly identified.

(5) Adequate provisions for checking the identity and strength of drug products for all active ingredients and for assuring:

(a) Sterility of drugs purported to be sterile and freedom from objectionable microorganisms for those drugs which should be so by virtue of their intended use.

(b) The absence of pyrogens for those drugs purporting to be pyrogen-free.

(c) Minimal contamination of ophthalmic ointments by foreign particles and harsh or abrasive substances.

(d) That the drug release pattern of sustained release products is tested by laboratory methods to assure conformance to the release specifications.

(6) Adequate provision for auditing the reliability, accuracy, precision, and performance of laboratory test procedures and laboratory instruments used.

(7) A properly identified reserve sample of the finished product (stored in the same immediate container-closure system in which the drug is marketed) consisting of at least twice

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the quantity necessary to perform all the required tests, except those for sterility and determination of the absence of pyrogens, and stored under conditions consistent with product labeling shall be retained for at least two years after the drug distribution has been completed or one year after the drug's expiration date, whichever is longer.

(8) Provision for retaining complete records of all laboratory data relating to each batch or lot of drug to which they apply. Such records shall be retained for at least two years after distribution has been completed or one year after the drug's expiration date, whichever is longer.

(9) Provision that animals shall be maintained and controlled in a manner that assures suitability for their intended use. They shall be identified and appropriate records maintained to determine the history of use.

(10) Provision that firms which manufacture nonpenicillin products (including certifiable antibiotic products) on the same premises or use the same equipment as that used for manufacturing penicillin products, or that operate under any circumstances that may reasonably be regarded as conducive to contamination of other drugs by penicillin, shall test such nonpenicillin products to determine whether any have become cross-contaminated by penicillin. Such products shall not be marketed if intended for use in humans and the product is contaminated with an amount of penicillin equivalent to 0.5 unit or more of penicillin G per maximum single dose recommended in the labeling of a drug intended for parenteral administration, or an amount of penicillin equivalent to 0.5 unit or more of penicillin G per maximum single dose recommended in the labeling of a drug intended for oral use.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-100, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-090, filed 10/10/88; Order 133, § 360-46-090, filed 8/4/77.]

**WAC 246-895-110 Stability.** There shall be written procedures for assurance of the stability of finished drug products. This stability shall be:

(1) Determined by reliable, meaningful, and specific test methods.

(2) Determined on products in the same container-closure system in which they are marketed.

(3) Determined on any dry drug product that is to be reconstituted at the time of dispensing (as directed in its labeling), as well as on the reconstituted product.

(4) Recorded and maintained in such manner that the stability data may be utilized in establishing product expiration dates.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-110, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-100, filed 10/10/88; Order 133, § 360-46-100, filed 8/4/77.]

**WAC 246-895-120 Expiration dating.** To assure that drug products liable to deterioration meet appropriate standards of identity, strength, quality, and purity at the time of use, the label of all such drugs shall have suitable expiration dates which relate to stability tests performed on the product.

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(1) Expiration dates appearing on the drug labeling shall be justified by readily available data from stability studies such as described in WAC 246-895-110.

(2) Expiration dates shall be related to appropriate storage conditions stated on the labeling wherever the expiration date appears.

(3) When the drug is marketed in the dry state for use in preparing a liquid product, the labeling shall bear expiration information for the reconstituted product as well as an expiration date for the dry product.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-120, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-120, filed 8/30/91, effective 9/30/91; Order 133, § 360-46-110, filed 8/4/77.]

**WAC 246-895-130 Packaging and labeling.** Packaging and labeling operations shall be adequately controlled: To assure that only those drug products that have met the standards and specifications established in their master production and control records shall be distributed; to prevent mixups between drugs during filling, packaging, and labeling operations; to assure that correct labels and labeling are employed for the drug; and to identify the finished product with a lot or control number that permits determination of the history of the manufacture and control of the batch. An hour, day, or shift code is appropriate as a lot or control number for drug products manufactured or processed in continuous production equipment. Packaging and labeling operations shall:

(1) Be separated (physically or spatially) from operations on other drugs in a manner adequate to avoid mixups and minimize cross-contamination. Two or more packaging or labeling operations having drugs, containers, or labeling similar in appearance shall not be in process simultaneously on adjacent or nearby lines unless these operations are separated either physically or spatially.

(2) Provide for an inspection of the facilities prior to use to assure that all drugs and previously used packaging and labeling materials have been removed.

(3) Include the following labeling controls:

(a) The holding of labels and package labeling upon receipt pending review and proofing against an approved final copy by a competent and responsible individual to assure that they are accurate regarding identity, content, and conformity with the approved copy before release to inventory.

(b) The maintenance and storage of each type of label and package labeling representing different products, strength, dosage forms, or quantity of contents in such a manner as to prevent mixups and provide proper identification.

(c) A suitable system for assuring that only current labels and package labeling are retained and that stocks of obsolete labels and package labeling are destroyed.

(d) Restriction of access to labels and package labeling to authorized personnel.

(e) Avoidance of gang printing of cut labels, cartons, or inserts when the labels, cartons, or inserts are for different products or different strengths of the same products or are of the same size and have identical or similar format and/or color schemes. If gang printing is employed, packaging and labeling operations shall provide for added control proce-

dures. These added controls should consider sheet layout, stacking, cutting, and handling during and after printing.

(4) Provide strict control of the package labeling issued for use with the drug. Such issue shall be carefully checked by a competent and responsible person for identity and conformity to the labeling specified in the batch production record. Said record shall identify the labeling and the quantities issued and used and shall reasonably reconcile any discrepancy between the quantity of drug finished and the quantities of labeling issued. All excess package labeling bearing lot or control numbers shall be destroyed. In event of any significant unexplained discrepancy, an investigation should be carried out according to WAC 246-895-060(9).

(5) Provide for adequate examination or laboratory testing of representative samples of finished products after packaging and labeling to safeguard against any errors in the finishing operations and to prevent distribution of any batch until all specified tests have been met.

(6) Provide for compliance with the Poison Prevention Packaging Act, (16 CFR Part 1700).

(7) Provide for compliance with WAC 246-895-080(2).

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-130, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-120, filed 10/10/88; Order 133, § 360-46-120, filed 8/4/77.]

**WAC 246-895-140 Master production and control records—Batch production and control records.** (1) To assure uniformity from batch to batch, a master production and control record for each drug product and each batch size of drug product shall be prepared, dated, and signed or initialed by a competent and responsible individual and shall be independently checked, reconciled, dated, and signed or initialed by a second competent and responsible individual. The master production and control record shall include:

(a) The name of the product, description of the dosage form, and a specimen or copy of each label and all other labeling associated with the retail or bulk unit, including copies of such labeling signed or initialed and dated by the person or persons responsible for approval of such labeling.

(b) The name and weight or measure of each active ingredient per dosage unit or per unit of weight or measure of the finished drug and a statement of the total weight or measure of any dosage unit.

(c) A complete list of ingredients designated by names or codes sufficiently specific to indicate any special quality characteristic; and accurate statement of the weight or measure of each ingredient regardless of whether it appears in the finished product, except that reasonable variations may be permitted in the amount of components necessary in the preparation in dosage form provided that provisions for such variations are included in the master production and control record; an appropriate statement concerning any calculated excess of an ingredient; an appropriate statement of theoretical weight or measure at various stages of processing; and a statement of the theoretical yield.

(d) A description of the containers, closures, and packaging and finishing materials.

(e) Manufacturing and control instructions, procedures, specifications special notations, and precautions to be followed.

(2) The batch production and control record shall be prepared for each batch of drug produced and shall include complete information relating to the production and control of each batch. These records shall be retained for at least two years after the batch distribution is complete or at least one year after the batch expiration date, whichever is longer. These records shall identify the specific labeling and lot or control numbers used on the batch and shall be readily available during such retention period. The batch record shall include:

(a) An accurate reproduction of the appropriate master formula record checked, dated, and signed or initialed by a competent and responsible individual.

(b) A record of each significant step in the manufacturing, processing, packaging, labeling testing, and controlling of the batch, including: Dates; individual major equipment and lines employed; specific identification of each batch of components used; weights and measures of components and products used in the course of processing; in-process and laboratory control results; and identifications of the individual(s) actively performing and the individual(s) directly supervising or checking each significant step in the operation.

(c) A batch number that identifies all the production and control documents relating to the history of the batch and all lot or control numbers associated with the batch.

(d) A record of any investigation made according to WAC 246-895-060(9).

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-140, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-140, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-130, filed 10/10/88; Order 133, § 360-46-130, filed 8/4/77.]

**WAC 246-895-150 Distribution records.** (1) Finished goods warehouse control and distribution procedures shall include a system by which the distribution of each lot of drug can be readily determined to facilitate its recall if necessary. Records within the system shall contain the name and address of the consignee, date and quantity shipped, and lot or control number of the drug. Records shall be retained for at least two years after the distribution of the drug has been completed or one year after the expiration date of the drug, whichever is longer.

(2) To assure the quality of the product, finished goods warehouse control shall also include a system whereby the oldest approved stock is distributed whenever possible.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-150, filed 8/30/91, effective 9/30/91; Order 133, § 360-46-140, filed 8/4/77.]

**WAC 246-895-160 Complaint files.** Records shall be maintained of all written and oral complaints regarding each product. An investigation of each complaint shall be made in accordance with WAC 246-895-060(8). The record of each investigation shall be maintained for at least two years after distribution of the drug has been completed or one year after the expiration date of the drug, whichever is longer.

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[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-160, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-160, filed 8/30/91, effective 9/30/91; Order 133, § 360-46-150, filed 8/4/77.]

**WAC 246-895-170 Variance and procedure.** Licensees may request that the board issue a variance from specific requirements of WAC 246-895-040 through 246-895-160. The request must be in writing and must explain why the criteria should not apply and how the public's safety would be protected. Issuance of a variance shall be based on the information supplied by the manufacturer requesting the variance, as well as any other information available as a result of any investigation by the board and/or any other relevant information available. After due consideration of all the information, the board may issue or deny the requested variance. Any variance granted shall be limited to the particular case described in the request and shall be posted at the manufacturing location during the time it is in effect. Variances will be reviewed at least every three years. Variances shall be subject to withdrawal or modification at any time if the board finds the variance has resulted in actual or potential harm to the public.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-170, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-170, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-160, filed 10/10/88.]

## Chapter 246-897 WAC PHARMACY—DRUG AVAILABILITY

### WAC

#### AMYGDALIN (LAETRILE)

246-897-020 Availability.  
246-897-060 Identity.

### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-897-030 License. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-030, filed 8/30/91, effective 9/30/91; Order 135, § 360-47-020, filed 10/5/77.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.

246-897-040 License application. [Statutory Authority: RCW 18.64.005 and 69.41.075. 92-12-035 (Order 277B), § 246-897-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-040, filed 8/30/91, effective 9/30/91; Order 135, § 360-47-030, filed 10/5/77.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.

246-897-050 Good manufacturing practices. [Statutory Authority: RCW 18.64.005 and 69.41.075. 92-12-035 (Order 277B), § 246-897-050, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-050, filed 8/30/91, effective 9/30/91; Order 135, § 360-47-040, filed 10/5/77.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.

246-897-120 Availability. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-120, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-010, filed 11/2/81.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.

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- 246-897-130 License. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-020, filed 11/2/81.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.
- 246-897-140 License application. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-140, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-030, filed 11/2/81.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.
- 246-897-150 Good manufacturing practices. [Statutory Authority: RCW 18.64.005 and 69.41.075. 92-12-035 (Order 277B), § 246-897-150, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-150, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-040, filed 11/2/81.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.
- 246-897-160 Purity. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-160, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-050, filed 11/2/81.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.
- 246-897-170 Contents. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-170, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-060, filed 11/2/81.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.
- 246-897-180 Labeling. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-180, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-070, filed 11/2/81.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.
- 246-897-190 Other forms of DMSO. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-190, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-080, filed 11/2/81.] Repealed by 97-20-168, filed 10/1/97, effective 11/1/97. Statutory Authority: RCW 18.64.005.

### AMYGDALIN (LAETRILE)

**WAC 246-897-020 Availability.** Amygdalin (laetrile) shall be available in intrastate commerce to the citizens of the state of Washington in accordance with all applicable state laws and regulations. Amygdalin (laetrile) imported into the state of Washington shall be so imported in conformity with federal regulations and/or court decisions.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-020, filed 8/30/91, effective 9/30/91; Order 135, § 360-47-010, filed 10/5/77.]

**WAC 246-897-060 Identity.** Certification of batches of amygdalin (laetrile) shall be made under the direction of the state board of pharmacy, with the costs for required testing, including purity and potency, to be borne by the manufacturer and/or wholesale distributor. The manufacturer and/or wholesale distributor shall be held totally responsible for the quality of the drug product, in accordance with RCW 18.64.270.

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[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-060, filed 8/30/91, effective 9/30/91; Order 135, § 360-47-050, filed 10/5/77.]

### Chapter 246-899 WAC

#### PHARMACEUTICAL—DRUG PRODUCT SUBSTITUTION

##### WAC

- |             |                                                                                                                                                                                                                          |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 246-899-020 | Dispensing responsibilities.                                                                                                                                                                                             |
| 246-899-030 | Product selection responsibilities.                                                                                                                                                                                      |
| 246-899-040 | Manufacturers, wholesalers, distributors, pharmacy location, requirement that drug products offered for sale comply with 21 USC 355—Immediate suspension and subsequent revocation of licenses authorized for violation. |
| 246-899-050 | Out-of-state prescriptions.                                                                                                                                                                                              |

**WAC 246-899-020 Dispensing responsibilities.** When the pharmacist dispenses, with the practitioner's authorization, a therapeutically equivalent drug product, the following information shall be noted:

(a) On oral prescriptions, the pharmacist shall indicate on the permanent prescription record, if substitution is permitted.

(b) The manufacturer or distributor of the drug product actually dispensed or its national drug code number or short name code or trade name shall be noted on the permanent record, or on the patient medication record if this document is utilized for providing and recording refills. This requirement shall also apply to refill prescriptions when a different distributor or manufacturer's product is used.

(c) The generic or trade name of the drug actually dispensed shall be noted on the prescription label or package label. For combination drug products, the generic names of the drugs combined or the trade name of the manufacturer or distributor shall be noted on the prescription label. For prescriptions compounded with multiple ingredients, the label designation will be left to the discretion of the pharmacist.

(d) For institutionalized and closed system patients, the pharmacist may identify the manufacturer or distributor of the product actually dispensed through pharmacy purchasing records or packaging records, and a published formulary designation may be used on the label.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-899-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.180. 79-12-063 (Order 152), § 360-49-010, filed 11/29/79; Order 143, § 360-49-010, filed 12/9/77.]

##### WAC 246-899-030 Product selection responsibilities.

(1) The determination of the drug product to be dispensed on a prescription is a professional responsibility of the pharmacist, and the pharmacist shall not dispense any product that in his/her professional opinion does not meet adequate standards.

(2) Pharmacists may utilize as the basis for their decisions on therapeutically equivalent drug products:

(a) Available drug product information from federal and state agencies, official compendia, and drug manufacturers, or

(b) Other scientific or professional resources, or

(c) The federal food and drug administration "approved drug products" as a board approved reference for a positive

formulary of therapeutically equivalent products within the limitations stipulated in that publication.

(3) Those pharmacies that fill prescriptions based on prior authorization for therapeutically equivalent drug substitution must have available for inspection and review such authorization documentation in the institutional records or in the pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-899-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.180. 79-12-063 (Order 152), § 360-49-020, filed 11/29/79; Order 143, § 360-49-020, filed 12/9/77.]

**WAC 246-899-040 Manufacturers, wholesalers, distributors, pharmacy location, requirement that drug products offered for sale comply with 21 USC 355—Immediate suspension and subsequent revocation of licenses authorized for violation.** (1) In order to provide for enforcement of RCW 69.41.100 through 69.41.180 and to protect the public health and safety when generic drugs are substituted for brand name drugs pursuant to RCW 69.41.110 through 69.41.180 drug products which are offered for sale by, or stored at the premises of, any manufacturer, distributor, wholesaler or pharmacy location must have an approved new drug application (NDA) or abbreviated new drug application (ANDA) designation by the Federal Food and Drug Administration pursuant to 21 USC 355 unless they are exempt from the requirements for such a designation.

(2) In order to provide for enforcement of RCW 69.41.100 through 69.41.180 and to protect the public health and safety drug products offered for sale by, or stored at the premises of, a manufacturer, wholesaler, distributor or pharmacy location which do not have the required NDA or ANDA, or exemption therefrom referenced in subsection (1) of this section, are hereby declared to be contraband and subject to surrender to and destruction by the Washington state board of pharmacy. This surrender and destruction shall take place as specified below.

(3) The board shall publish in its newsletter the source from which the current list compiled by the Federal Food and Drug Administration of generic drugs which do not have an NDA or ANDA and are not exempt from such a requirement and are therefore contraband as provided in subsection (2) of this section may be obtained. The board shall also respond to both written and telephone inquiries from any source regarding the status of any generic drug.

(4) Whenever it is made to appear to the board that a manufacturer, wholesaler, distributor or pharmacy location within he [the] state of Washington is in possession of a stock of drugs which are contraband as defined in subsection (2) of this section, a representative of the board shall confirm with the Federal Food and Drug Administration, by telephone, that the particular drug or drugs involved do not have the required NDA or ANDA and that they are not exempt from this requirement. Upon receipt of this confirmation, the board shall direct such of its investigative personnel as it deem necessary to proceed to the premises of the manufacturer, wholesaler, distributor or pharmacy location and to then inform the owner, or person in charge, of the contraband status of the drugs in question.

(5) The pharmacy board investigative personnel shall offer the owner, or person in charge, of the premises at which

the drug products are being kept the opportunity to immediately voluntarily surrender to the board all stocks of the drug products whether kept at the premises of the manufacturer, wholesaler, distributor, or pharmacy location, or at any separate storage facility under the control of the manufacturer, wholesaler, distributor or retailer, which are contraband under subsection (2) of this section. A receipt shall be given to the owner, or person in charge, for all drug products voluntarily surrendered.

(6) All drug products voluntarily surrendered pursuant to subsection (5) of this section shall be destroyed by the board of pharmacy unless they are ordered returned to the manufacturer, wholesaler, distributor or pharmacy location by order of a court of competent jurisdiction. No destruction of any drug products surrendered will be accomplished until thirty days after the date of their surrender to the board.

(7) Retention, dispensing, promotion or advertisement, of any drug products by a manufacturer, wholesaler, distributor or pharmacy location, either at their business premises or at any separate storage facility after notification of their contraband status under subsection (2) of this section shall constitute a direct and immediate danger to the public health and safety and will be good and sufficient cause for the immediate summary suspension and subsequent revocation of any license issued by the board of pharmacy to the manufacturer, wholesaler, distributor or pharmacy location and will also constitute good and sufficient cause for revocation of any license issued by the board of pharmacy to the owner of any manufacturer, wholesaler, distributor or pharmacy location or any person in charge thereof who knowingly retains, dispenses, promotes or advertises, any drug products which are contraband under subsection (2) of this section after notification of their status.

[Statutory Authority: RCW 69.41.180. 92-12-035 (Order 277B), § 246-899-040, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-899-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 87-18-066 (Order 207), § 360-49-040, filed 9/2/87. Statutory Authority: RCW 69.41.180. 80-14-012 (Order 157, Resolution No. 9/80), § 360-49-040, filed 9/22/80; 80-02-113 (Order 153, Resolution No. 1/80), § 360-49-040, filed 1/28/80.]

**WAC 246-899-050 Out-of-state prescriptions.** (1) When dispensing a prescription issued by a practitioner licensed in a state other than Washington, and recognized in RCW 69.41.030, the pharmacist must honor the instructions of the practitioner regarding substitution. These instructions may be on a prescription blank different than that required for Washington practitioners by RCW 69.41.120 and may include the use of the words "dispense as written," words of similar meaning, a checkoff box, or some other indication of intent.

(2) If the practitioner has not clearly provided instructions regarding substitution, a pharmacist may substitute a therapeutically equivalent generic drug only if the pharmacist has determined substitution is permitted by one of the following means:

(a) The pharmacist has personal knowledge and is familiar with the laws and rules regarding substitution in the state of origin; or

(b) The pharmacist obtains oral or written authorization from the practitioner; or

(c) The pharmacist obtains current information regarding the manner in which an out-of-state practitioner provides instruction from:

- (i) The Washington state board of pharmacy; or
  - (ii) The board of pharmacy in the state, other than Washington, in which the practitioner practices; or
  - (iii) Some other professional source.
- (3) Drug product selection shall be based on Washington law and rule as set forth in WAC 246-899-030.

[Statutory Authority: RCW 69.41.180. 92-12-035 (Order 277B), § 246-899-050, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-899-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-13-004 (Order 174B), § 360-49-050, filed 6/7/91, effective 7/8/91.]

### Chapter 246-901 WAC PHARMACY ANCILLARY PERSONNEL

#### WAC

246-901-010	Definitions.
246-901-020	Pharmacy ancillary personnel utilization.
246-901-030	Technician education and training.
246-901-035	Pharmacy technician specialized functions.
246-901-040	Limitations, trainees.
246-901-050	Technician program approval.
246-901-060	Technician certification.
246-901-065	Expired technician license.
246-901-070	Pharmacy assistant utilization.
246-901-080	Pharmacy assistant registration.
246-901-090	Identification.
246-901-100	Board approval of pharmacies utilizing pharmacy ancillary personnel and specialized functions.
246-901-120	AIDS prevention and information education requirements.
246-901-130	Pharmacist to pharmacy technician ratio.
246-901-140	Pharmacy services plan.

#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-901-110	Level A experience equivalency. [Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-110, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-100, filed 12/9/77.] Repealed by 00-15-081, filed 7/19/00, effective 8/19/00. Statutory Authority: RCW 18.64.005, chapter 18.64A RCW.
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**WAC 246-901-010 Definitions.** (1) "Consultation" means:

(a) A communication or deliberation between a pharmacist and a patient, a patient's agent, or a patient's health care provider in which the pharmacist uses professional judgment to provide advice about drug therapy.

(b) A method by which the pharmacist meets patient information requirements as set forth in WAC 246-869-220.

(2) "Dispense" as defined in RCW 18.64.011(16).

(3) "Intravenous admixture preparation" means the preparation of a drug product that combines two or more ingredients using aseptic technique and is intended for administration into a vein.

(4) "Parenteral" as defined in WAC 246-871-010.

(5) "Pharmacy technician specialized function" means certain tasks normally reserved to a pharmacist according to WAC 246-863-095 that may be performed by a pharmacy technician who has met board requirements.

(6) "Prescription" as defined in RCW 18.64.011(8).

(7) "Responsible manager" as defined in WAC 246-869-070.

(8) "Unit-dose" and "unit-dose drug distribution system" as defined in WAC 246-865-010.

(9) "Unit-dose medication cassettes" means containers for a patient's medications into which each individually packaged and labeled drug is placed.

(10) "Verification" means the pharmacist has reviewed a patient drug order initiated by an authorized prescriber, has examined the patient's drug profile, and has approved the drug order after taking into account pertinent drug and disease information to insure the correctness of the drug order for a specific patient. The verification process must generate an audit trail that identifies the pharmacist. The pharmacist who performs the verification of a drug order is responsible for all reports generated by the approval of that order. The unit-dose medication fill and check reports are an example.

(11) "Immediate supervision" means visual and/or physical proximity to a licensed pharmacist to ensure patient safety.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-010, filed 7/19/00, effective 8/19/00. Statutory Authority: RCW 18.64.050. 94-08-097, § 246-901-010, filed 4/6/94, effective 5/7/94.]

**WAC 246-901-020 Pharmacy ancillary personnel utilization.** (1) Pharmacy technicians may perform certain nondiscretionary and specialized functions consistent with their training in pharmacy practice while under the immediate supervision of a licensed pharmacist.

(2) The discretionary tasks reserved to a pharmacist are listed in WAC 246-863-095.

(3) Unless authorized as a specialized function according to WAC 246-901-035, the pharmacy technician shall assist a pharmacist in the performance of all tasks except those reserved to a pharmacist in subsection (2) of this section.

(4) Entry of a new medication order into the pharmacy computer system and retrieval of the drug product to fill a prescription are tasks reserved to the pharmacist and pharmacy technician.

(5) The pharmacy assistant may assist a pharmacist in performance of all tasks except those reserved to the pharmacist and pharmacy technician.

(6) Pharmacy ancillary personnel may record or provide medication data when no interpretation is required.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-020, filed 7/19/00, effective 8/19/00. Statutory Authority: RCW 18.64.050. 94-08-097, § 246-901-020, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.64A.020 and 18.64A.030. 92-12-035 (Order 277B), § 246-901-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-020, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-010, filed 12/9/77.]

**WAC 246-901-030 Technician education and training.** (1) Pharmacy technicians must obtain education or training from one of the following:

(a) Formal academic program for pharmacy technician training approved by the board.

(b) On-the-job training program approved by the board.

(2) The minimum educational prerequisite for entering a training program shall be high school graduation or G.E.D.

(3) In order to receive certification as a pharmacy technician, the technician must send the board the following:

(a) A state application indicating completion of board approved training program;

(b) Proof of successful completion of a certification examination approved by the board.

(4) An out-of-state pharmacy technician applicant must meet the same requirements as a pharmacy technician trained in this state. The board must approve training programs approved in other states.

(5) Applicants whose academic training has been obtained in foreign countries shall meet certification requirements as listed below:

(a) Foreign pharmacy school graduates. Board approval of program completed for the degree.

(b) Foreign medical school graduates. Board approval of program completed for the degree.

(c) All foreign graduates for whom English is not the primary language shall provide proof of receiving a score of at least 173 on the Test of English as a Foreign Language (TOEFL) and a score of 50 on the Test of Spoken English (TSE) prior to certification.

(d) Foreign trained applicants must earn 520 hours of supervised experience in an approved pharmacy technician training program.

(6) Prior to performing specialized functions, pharmacy technicians shall complete specialized training and meet proficiency criteria set forth by the board.

(a) Unit-dose medication checking. The training proficiency criteria requires demonstration of 99% accuracy in medication checking.

(b) Intravenous admixture preparation. The training proficiency criteria requires demonstration of 100% accuracy in intravenous admixture preparation of a representative sample of preparations provided by the facility using aseptic technique.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-030, filed 7/19/00, effective 8/19/00. Statutory Authority: RCW 18.64.050. 94-08-097, § 246-901-030, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-030, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-020, filed 12/9/77.]

**WAC 246-901-035 Pharmacy technician specialized functions.** A pharmacy technician who meets established criteria for employment, experience, training and demonstrated proficiency may perform specialized functions. The criteria shall be specified in the utilization plan of the pharmacy for pharmacy technicians performing specialized functions required in WAC 246-901-100 (2)(b). Records of pharmacy technician training and of demonstration of proficiency shall be retrievable within seventy-two hours upon request of the board. Specialized functions include the following:

(1) Unit-dose medication checking. Following verification of the drug order by a licensed pharmacist, a pharmacy technician may check unit-dose medication cassettes filled by another pharmacy technician or pharmacy intern in pharmacies serving facilities licensed under chapter 70.41, 71.12, 71A.20 or 74.42 RCW. No more than a forty-eight hour supply of drugs may be included in the patient medication cas-

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ettes and a licensed health professional must check the drug before administering it to the patient.

(2) Intravenous admixture and other parenteral preparations. A pharmacy technician may prepare intravenous admixtures and other parenteral drugs. A licensed pharmacist must check each parenteral drug prepared by a pharmacy technician.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-035, filed 7/19/00, effective 8/19/00. Statutory Authority: RCW 18.64.050. 94-08-097, § 246-901-035, filed 4/6/94, effective 5/7/94.]

**WAC 246-901-040 Limitations, trainees.** An individual enrolled in a training program for pharmacy technicians will perform technician functions only under the immediate supervision of a pharmacist preceptor or a delegated alternate pharmacist.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-040, filed 7/19/00, effective 8/19/00; 91-18-057 (Order 191B), recodified as § 246-901-040, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-030, filed 12/9/77.]

**WAC 246-901-050 Technician program approval.**

(1) Program standards. The board will establish standards for judging pharmacy technician training programs.

(2) Approval. In order for a program for training pharmacy technicians to be considered for approval by the board, the director of the program, who shall be a pharmacist, shall submit to the board a description of the course of training offered, including subjects taught, method of teaching, and practical experience provided. The director of the program shall also advise the board concerning the skills and knowledge which are obtained in the course, and the method by which the proficiency of the pharmacy technician in those skills and knowledge is tested or ascertained. The board may require such additional information from program sponsors.

(3) Program change. The director shall request board approval before implementing any significant program change.

(4) Reapproval. The director shall submit each approved program to the board for reapproval every five years.

(5) Registry. The board will maintain a registry of approved programs. Interested persons may request a copy of the registry by contacting the board.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-050, filed 7/19/00, effective 8/19/00; 91-18-057 (Order 191B), recodified as § 246-901-050, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-040, filed 12/9/77.]

**WAC 246-901-060 Technician certification.** To become certified as a pharmacy technician, an individual must:

(1) Complete an approved pharmacy technician program;

(2) Apply to the board for certification. The application must include a notarized statement of program verification signed by the program director.

It is the responsibility of the pharmacy technician to maintain a current mailing address with the board as required by chapter 246-12 WAC. Pharmacy technicians shall notify the board of any change of mailing address within thirty days of the change.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-060, filed 7/19/00, effective 8/19/00. Statutory Authority: RCW 18.64.005, 93-17-097 (Order 387B), § 246-901-060, filed 8/17/93, effective 9/17/93. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64A.030, 88-14-043 (Order 217), § 360-52-050, filed 6/30/88; Order 141, § 360-52-050, filed 12/9/77.]

**WAC 246-901-065 Expired technician license.** (1) If the technician license has expired for five years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

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

(a) Complete certification requirements within one year of application to the board for certification;

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

(3) If the practitioner has been in an active practice in another United States jurisdiction with duties that are substantially equivalent to a pharmacy technician in Washington state, the practitioner must:

(a) Submit verification of active practice from any other United States jurisdiction;

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

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-065, filed 7/19/00, effective 8/19/00. Statutory Authority: RCW 43.70.280, 98-05-060, § 246-901-065, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005, 93-17-097 (Order 387B), § 246-901-065, filed 8/17/93, effective 9/17/93.]

**WAC 246-901-070 Pharmacy assistant utilization.** Pharmacy assistants may perform, under the general supervision of a licensed pharmacist, all duties except those reserved to the pharmacist and the pharmacy technician.

Pharmacy assistants may:

(1) Prepackage and label drugs for subsequent use in prescription dispensing operations.

(2) Count, pour, and label for individual prescriptions.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-070, filed 7/19/00, effective 8/19/00; 91-18-057 (Order 191B), recodified as § 246-901-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64A.030, 88-14-043 (Order 217), § 360-52-060, filed 6/30/88. Statutory Authority: RCW 18.64.005(11) and 18.64A.030, 80-02-113 (Order 153, Resolution No. 1/80), § 360-52-060, filed 1/28/80. Statutory Authority: RCW 69.50.201, 79-04-048 (Order 147, Resolution No. 3-79), § 360-52-060, filed 3/27/79; Order 141, § 360-52-060, filed 12/9/77.]

**WAC 246-901-080 Pharmacy assistant registration.**

(1) Training. No formal training or educational program will be required by the board, and there will be no age or educational restrictions. The supervising pharmacist shall thoroughly instruct the pharmacy assistant in the limitations of the functions he or she may perform.

(2) Registration of pharmacy assistants. Any person desiring registration as a pharmacy assistant shall apply to the board for registration on forms to be supplied by the board. The fee for registration will be included in the fee for authorization to utilize the services of pharmacy ancillary personnel.

(3) It is the responsibility of the pharmacy assistant to maintain a current mailing address with the board as required by chapter 246-12 WAC. Pharmacy assistants shall notify the

board of any change of mailing address within thirty days of the change.

(4) A pharmacy assistant registration must be renewed every two years on the assistant's birthdate. The fee for renewal is included in the fee the pharmacy pays to utilize pharmacy ancillary personnel.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-080, filed 7/19/00, effective 8/19/00; 91-18-057 (Order 191B), recodified as § 246-901-080, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-070, filed 12/9/77.]

**WAC 246-901-090 Identification.** All pharmacy ancillary personnel working within the pharmacy and having contact with patients or the general public shall wear badges or tags clearly identifying them as pharmacy assistants or technicians.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-090, filed 7/19/00, effective 8/19/00; 91-18-057 (Order 191B), recodified as § 246-901-090, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-080, filed 12/9/77.]

**WAC 246-901-100 Board approval of pharmacies utilizing pharmacy ancillary personnel and specialized functions.** (1) Application. All licensed pharmacies may apply on a form supplied by the board for permission to utilize the services of pharmacy ancillary personnel.

(2) Utilization plan for pharmacy technicians.

(a) General. The application for approval must describe the manner in which the pharmacy technicians will be utilized and supervised, including job descriptions, task analysis or similar type documents that define the duties performed and the conditions under which they are performed, number of positions in each category, as well as other information as may be required by the board. The board will be notified of all changes to the utilization plan. A copy of the utilization plan must be maintained in the pharmacy.

(b) Specialized function. The utilization plan for pharmacy technicians performing specialized functions. The utilization plan must include:

(i) The criteria for selection of pharmacy technicians to perform specialized functions;

(ii) A description of the methods of training and of initial demonstration of proficiency;

(iii) A copy of the part of the section of the pharmacy's quality assurance plan related to pharmacy technician specialized functions;

(iv) Other information that may be required by the board.

(c) To gain approval for specialized functions, a pharmacy must follow board-approved guidelines regarding pharmacy technician training, implementation and evaluation.

(3) Utilization plan for pharmacy assistants. The application for approval shall list the job title or function of the pharmacy assistant.

(4) The board may give conditional approval for pilot or demonstration projects for innovative applications in the utilization of pharmacy ancillary personnel.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-100, filed 7/19/00, effective 8/19/00. Statutory Authority: RCW 18.64.050, 94-08-097, § 246-901-100, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-100, filed 8/30/91, effective 9/30/91.]

Statutory Authority: RCW 18.64A.030, 88-14-043 (Order 217), § 360-52-090, filed 6/30/88; Order 141, § 360-52-090, filed 12/9/77.]

**WAC 246-901-120 AIDS prevention and information education requirements.** Pharmacy technician and assistant applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-120, filed 7/19/00, effective 8/19/00. Statutory Authority: RCW 43.70.280, 98-05-060, § 246-901-120, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-120, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 89-04-015 (Order 222), § 360-52-110, filed 1/23/89.]

**WAC 246-901-130 Pharmacist to pharmacy technician ratio.** (1) A standard ratio of one pharmacist to a maximum of three technicians is established for each licensed pharmacy.

(2) The pharmacist must be actively practicing pharmacy.

(3) In determining which pharmacists may be included in the calculation of the ratio, the board will consider approval of pharmacy technician utilization plans which include all pharmacists within the pharmacy who are engaged in the actual practice of pharmacy. When the pharmacy provides service to inpatients of a hospital or extended care facility, pharmacists who are practicing pharmacy outside of the confines of the licensed pharmacy (for example, performing nursing unit inspections, reviewing charts, consulting with health professional staff) may be included in the ratio, if:

(a) There are sufficient numbers of pharmacists within the pharmacy to properly supervise the work of the pharmacy technicians;

(b) The pharmacy is not open to the public;

(c) The medications are being checked by another health professional before being given to the patient;

(d) Drug orders are not dispensed from the pharmacy without being checked by a licensed pharmacist or pharmacy intern except for board-approved pharmacy technician specialized functions provided a pharmacy technician may check unit-dose medication cassettes.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-130, filed 7/19/00, effective 8/19/00. Statutory Authority: RCW 18.64.050, 94-08-097, § 246-901-130, filed 4/6/94, effective 5/7/94. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 91-11-040 (Order 169B), § 360-52-120, filed 5/10/91, effective 6/10/91.]

**WAC 246-901-140 Pharmacy services plan.** A pharmacy may use more pharmacy technicians than prescribed by the standard ratio if the board approves the pharmacy's pharmacy services plan.

(1) The pharmacy services plan shall include, at a minimum, the following information: Pharmacy design and equipment, information systems, workflow, and quality assurance procedures. In addition, the pharmacy services plan shall demonstrate how it facilitates the provision of pharmaceutical care by the pharmacy.

(2) The board may require additional information to ensure appropriate oversight of pharmacy technicians before approving a pharmacy services plan.

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(3) The board may give conditional approval for pilot or demonstration projects.

[Statutory Authority: RCW 18.64.005, chapter 18.64A RCW. 00-15-081, § 246-901-140, filed 7/19/00, effective 8/19/00.]

## Chapter 246-903 WAC

### NUCLEAR PHARMACIES AND PHARMACISTS

#### WAC

246-903-001	Purpose and scope.
246-903-010	Definitions.
246-903-020	Nuclear pharmacies.
246-903-030	Nuclear pharmacists.
246-903-040	Minimum equipment requirements.

**WAC 246-903-001 Purpose and scope.** (1) No person may lawfully provide radiopharmaceutical services unless he or she is a nuclear pharmacist, or is performing radiopharmaceutical services under the supervision of a nuclear pharmacist, and is acting in accordance with the state board of pharmacy and state radiation control agency regulations.

(2) These regulations shall not apply to anyone who is an "authorized practitioner" as that term is defined in section 2 of these regulations.

(3) The requirements imposed by these nuclear pharmacy regulations shall apply in addition to, and not in place of, any other requirements contained in regulations of the state board of pharmacy, the state radiation control agency, or any other state or federal agency.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-903-001, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(9), 79-02-061 (Order 145, Resolution No. 1-79), § 360-54-010, filed 2/1/79.]

**WAC 246-903-010 Definitions.** (1) A "nuclear pharmacy" is a class A pharmacy providing radiopharmaceutical services.

(2) "Nuclear pharmacist" means a licensed pharmacist who has submitted evidence to the board of pharmacy that he or she meets the requirements of WAC 246-903-030 of these regulations regarding training, education, and experience, and who has received notification by letter from the board of pharmacy that, based on the evidence submitted, he or she is recognized by the board of pharmacy as qualified to provide radiopharmaceutical services.

(3) "Radiopharmaceutical service" shall mean, but shall not be limited to, the compounding, dispensing, labeling and delivery of radiopharmaceuticals; the participation in radiopharmaceutical selection and radiopharmaceutical utilization reviews; the proper and safe storage and distribution of radiopharmaceuticals; the maintenance of radiopharmaceutical quality assurance; the responsibility for advising, where necessary or where regulated, of therapeutic values, hazards and use of radiopharmaceuticals; and the offering or performing of those acts, services, operations or transactions necessary in the conduct, operation management and control of a nuclear pharmacy.

(4) A "radiopharmaceutical" is any substance defined as a drug in section 201(g)(1) of the Federal Food, Drug and Cosmetic Act which exhibits spontaneous disintegration of unstable nuclei with the emission of nuclear particles or photons and includes any such drug which is intended to be made

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radioactive. This definition includes nonradioactive reagent kits and nuclide generators which are intended to be used in the preparation of any such substance but does not include drugs such as carbon-containing compounds or potassium-containing compounds or potassium-containing salts which contain trace quantities of naturally occurring radionuclides.

(5) "Radiopharmaceutical quality assurance" means, but is not limited to, the performance of appropriate chemical, biological and physical tests on radiopharmaceuticals and the interpretation of the resulting data to determine their suitability for use in humans and animals, including internal test assessment authentication of product history and the keeping of proper records.

(6) "Internal test assessment" means, but is not limited to, conducting those tests of quality assurance necessary to insure the integrity of the test.

(7) "Authentication of product history" means, but is not limited to, identifying the purchasing source, the ultimate fate, and intermediate handling of any component of a radiopharmaceutical.

(8) "Authorized practitioner" means a practitioner duly authorized by law to possess, use, and administer radiopharmaceuticals.

(9) "Accepted professional standards" are those set forth in the *Nuclear Pharmacy Practice Standards* published by the American Pharmaceutical Association, Board of Pharmaceutical Specialties, adopted on March 18, 1986.

[Statutory Authority: RCW 18.64.005. 93-04-016 (Order 329B), § 246-903-010, filed 1/25/93, effective 2/25/93; 92-12-035 (Order 277B), § 246-903-010, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-903-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(9). 79-02-061 (Order 145, Resolution No. 1-79), § 360-54-020, filed 2/1/79.]

**WAC 246-903-020 Nuclear pharmacies.** (1) A permit to operate a nuclear pharmacy providing radiopharmaceutical services shall only be issued to a qualified nuclear pharmacist. All personnel performing tasks in the preparation and distribution of radiopharmaceuticals shall be under the supervision of a nuclear pharmacist. The nuclear pharmacist shall be responsible for all operations of the licensed area. In emergency situations, in the nuclear pharmacist's absence, he or she may designate one or more qualified, registered or certified health care personnel to have access to the licensed area. These individuals may obtain radiopharmaceuticals for the immediate emergency and must document such withdrawals in the control system.

(2) Nuclear pharmacies shall have adequate space, commensurate with the scope of services to be provided. The nuclear pharmacy area shall be separate from the pharmacy areas for nonradiopharmaceuticals and shall be secured from access by unauthorized personnel. A nuclear pharmacy handling radiopharmaceuticals exclusively may be exempted from the general space requirements for pharmacies by obtaining a waiver from the state board of pharmacy. Detailed floor plans shall be submitted to the state board of pharmacy and the state radiation control agency before approval of the license.

(3) Nuclear pharmacies shall compound and dispense radiopharmaceuticals in accordance with accepted professional standards.

(4) The board recognizes that the preparation of nuclear pharmaceuticals involves the compounding skills of the nuclear pharmacist to assure that the final drug product meets accepted professional standards.

(5) Nuclear pharmacies shall maintain records of acquisition and disposition of all radiopharmaceuticals in accordance with applicable regulations of the state board of pharmacy, the state radiation control agency and other state and federal agencies.

(6) For nuclear pharmacies handling radiopharmaceuticals exclusively, the state board of pharmacy may waive regulations pertaining to the pharmacy permits for nonradiopharmaceuticals for requirements that do not pertain to the practice of nuclear pharmacy.

(7) Radiopharmaceuticals are to be dispensed only upon a prescription from a practitioner authorized to possess, use and administer radiopharmaceuticals. A nuclear pharmacy may also furnish radiopharmaceuticals for office use to these practitioners.

(8) A nuclear pharmacist may transfer to authorized persons radioactive materials not intended for drug use, in accordance with regulations of the state radiation control agency.

(9) In addition to any labeling requirements of the state board of pharmacy for nonradiopharmaceuticals, the immediate outer container of the radiopharmaceutical to be dispensed shall also be labeled with: (a) Standard radiation symbol; (b) the words "caution-radioactive material"; (c) the name of the radiopharmaceutical; (d) the amount of radioactive material contained, in millicuries or microcuries; (e) if a liquid, the volume in milliliters; (f) the requested calibration time for the amount of radioactivity contained; (g) expiration data, if applicable; and (h) specific concentration of radioactivity.

(10) The immediate container shall be labeled with: (a) The standard radiation symbol; (b) the words "caution-radioactive material"; (c) the name of the nuclear pharmacy; (d) the prescription number; (e) the name of the radiopharmaceutical; (f) the date; and (g) the amount of radioactive material contained in millicuries or microcuries.

(11) The amount of radioactivity shall be determined by radiometric methods for each individual preparation immediately prior to dispensing.

(12) Nuclear pharmacies may redistribute NDA approved radiopharmaceuticals if the pharmacy does not process the radiopharmaceuticals in any manner or violate the product packaging.

(13) The nuclear pharmacy shall have the current revisions of state laws and regulations of the state board of pharmacy and state radiation control agency.

(14) The nuclear pharmacy shall maintain a library commensurate with the level of radiopharmaceutical service to be provided. A detailed library listing shall be submitted to the state board of pharmacy and state radiation control agency before approval of the license.

[Statutory Authority: RCW 18.64.005. 93-04-016 (Order 329B), § 246-903-020, filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-903-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(9). 79-02-061 (Order 145, Resolution No. 1-79), § 360-54-030, filed 2/1/79.]

**WAC 246-903-030 Nuclear pharmacists.** In order for a pharmacist to qualify under these regulations as a nuclear pharmacist, he or she must:

- (1) Meet minimal standards of training and experience in the handling of radioactive materials in accordance with the requirements of the state radiation control agency; and,
- (2) Be a pharmacist licensed to practice in Washington; and,
- (3) Submit to the board of pharmacy either:
  - (a) Certification that he or she has completed a minimum of 6 months on-the-job training under the supervision of a qualified nuclear pharmacist in a nuclear pharmacy providing radiopharmaceutical services, or
  - (b) Certification that he or she has completed a nuclear pharmacy training program in an accredited college of pharmacy or
  - (c) That upon application to the board in affidavit form, and upon the furnishing of such other information as the board may require, the board may grant partial or equivalent credit for education and experience gained in programs not sponsored by an accredited college of pharmacy, if, in the opinion of the board, the education and experience gained by participants in these programs would provide the same level of competence as participation in a program at an accredited college of pharmacy; and
- (4) Receive a letter of notification from the board of pharmacy that the evidence submitted that the pharmacist meets the requirements of subsections 1, 2, and 3 above has been accepted by the board and that, based thereon, the pharmacist is recognized by the board as a nuclear pharmacist.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-903-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(9). 79-02-061 (Order 145, Resolution No. 1-79), § 360-54-040, filed 2/1/79.]

**WAC 246-903-040 Minimum equipment requirements.** (1) Nuclear pharmacies shall have adequate equipment commensurate with the scope of radiopharmaceutical services to be provided. A detailed list of equipment and description of use must be submitted to the state board of pharmacy and radiation control agency before approval of the license.

- (2) The state board of pharmacy may, for good cause shown, waive regulations pertaining to the equipment and supplies required for nuclear pharmacies handling radiopharmaceuticals exclusively.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-903-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(9). 79-02-061 (Order 145, Resolution No. 1-79), § 360-54-050, filed 2/1/79.]

**Chapter 246-904 WAC  
HEALTH CARE ENTITIES**

**WAC**

246-904-010	Definition.
246-904-020	New health care entity licensing.
246-904-030	Pharmacist in charge.
246-904-040	Drug procurement, distribution and control.
246-904-050	Dispensing of prescription medications from health care entities.
246-904-060	Labeling.
246-904-070	Records.
246-904-080	Absence of a pharmacist.

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246-904-090	Administration.
246-904-100	Closing.

**WAC 246-904-010 Definition.** Health care entity - an organization that provides health care services in a setting that is not otherwise licensed by the state. Health care entity includes any of the following which are not part of another licensed facility, including: Outpatient surgery centers, cardiac care centers, or kidney dialysis centers. It does not include an individual practitioner's office or a multipractitioner clinic.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-010, filed 12/20/96, effective 1/20/97.]

**WAC 246-904-020 New health care entity licensing.** No health care entity shall be issued a license until the facility has submitted an application along with the applicable fees set forth in WAC 246-907-020 through 246-907-030 and has passed an inspection by a Washington state board of pharmacy investigator. The investigator shall determine if the purchase, ordering, storing, compounding, delivering, dispensing and administration of controlled substances and/or legend drugs complies with all applicable state and federal statutes and regulations. Physical requirements for the areas of a health care entity where drugs are stored, compounded, delivered or dispensed shall comply with WAC 246-873-070.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-020, filed 12/20/96, effective 1/20/97.]

**WAC 246-904-030 Pharmacist in charge.** Every health care entity licensed under this chapter shall designate a pharmacist in charge. The pharmacist in charge may be employed in a full-time capacity or as a pharmacist consultant. The pharmacist in charge must be licensed to practice pharmacy in the state of Washington. The pharmacist in charge designated by a health care entity shall have the authority and responsibility to assure that the area(s) within the health care entity where drugs are stored, compounded, delivered or dispensed are operated in compliance with all applicable state and federal statutes and regulations.

It shall be the responsibility of the pharmacist in charge:

- (1) To create and implement policy and procedures relating to:
  - (a) Purchasing, ordering, storing, compounding, delivering, dispensing or administering of controlled substances or legend drugs.
  - (b) Accuracy of inventory records, patient medical records as related to the administration of controlled substances and legend drugs, and any other records required to be kept by state and federal regulations.
  - (c) Adequate security of legend drugs and controlled substances.
  - (d) Controlling access to controlled substances and legend drugs.
- (2) To assure that the Washington state board of pharmacy is in possession of all current policies and procedures identified in subsection (1) of this section.
- (3) To execute all forms for the purchase and order of legend drugs and controlled substances.
- (4) To verify receipt of all legend drugs and controlled substances purchased and ordered by the health care facility.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-030, filed 12/20/96, effective 1/20/97.]

**WAC 246-904-040 Drug procurement, distribution and control.** The procurement, distribution and control of drugs shall be in accordance with WAC 246-873-080.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-040, filed 12/20/96, effective 1/20/97.]

**WAC 246-904-050 Dispensing of prescription medications from health care entities.** Drugs dispensed to patients of a health care entity must be dispensed in a manner consistent with the requirements of RCW 18.64.246 through 18.64.247, chapters 69.41 and 69.50 RCW, and WAC 246-869-220 through 246-869-240.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-050, filed 12/20/96, effective 1/20/97.]

**WAC 246-904-060 Labeling.** Drugs dispensed to patients of a health care entity must comply with the labeling requirements of WAC 246-869-210.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-060, filed 12/20/96, effective 1/20/97.]

**WAC 246-904-070 Records.** To the extent applicable, all prescription records shall be maintained in accordance with WAC 246-869-100 and chapter 246-875 WAC et seq.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-070, filed 12/20/96, effective 1/20/97.]

**WAC 246-904-080 Absence of a pharmacist.** Pharmaceutical services shall be available at all times patients are present in the facility. At times when no pharmacist is in the facility, the entity must comply with the requirements of WAC 246-873-050 and 246-873-060.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-080, filed 12/20/96, effective 1/20/97.]

**WAC 246-904-090 Administration.** Administration of drugs to patients of a health care entity shall be in accordance with WAC 246-873-090.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-090, filed 12/20/96, effective 1/20/97.]

**WAC 246-904-100 Closing.** When a health care entity ceases to do business or to provide pharmaceutical services to patients, the entity shall follow the provisions of WAC 246-869-250.

[Statutory Authority: RCW 18.64.450. 97-02-015, § 246-904-100, filed 12/20/96, effective 1/20/97.]

## Chapter 246-905 WAC

### PHARMACY—HOME DIALYSIS PROGRAM

#### WAC

246-905-020	Home dialysis program—Legend drugs.
246-905-030	Pharmacist consultant.
246-905-040	Records.
246-905-050	Quality assurance.

[Title 246 WAC—p. 1278]

**WAC 246-905-020 Home dialysis program—Legend drugs.** Pursuant to RCW 18.64.257 and 69.41.032, a Medicare-approved dialysis center or facility operating a Medicare-approved home dialysis program may sell, deliver, possess and/or dispense directly to its home dialysis patients in cases or full shelf package lots, if prescribed by a physician, the following legend drugs:

- Sterile heparin, 1000u/ml, in vials;
- Sterile potassium chloride, 2mEq/ml, for injection;
- Commercially available dialysate; and,
- Sterile sodium chloride, 0.9%, for injection in containers of not less than 150ml.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-905-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-06-026 (Order 210), § 360-60-010, filed 2/25/88.]

**WAC 246-905-030 Pharmacist consultant.** Home dialysis programs involved in the distribution of legend drugs as permitted by RCW 18.64.257 and 69.41.032, shall have an agreement with a pharmacist which provides for consultation as necessary. This shall include advice on the drug distribution process to home dialysis patients and on the location used for storage and distribution of the authorized drugs, which shall be reasonably separated from other activities and shall be secure.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-905-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-06-026 (Order 210), § 360-60-020, filed 2/25/88.]

**WAC 246-905-040 Records.** (1) A record of shipment shall be attached to the prescriber's order and shall include: The name of the patient, strengths, and quantities of drugs; the manufacturers' names; date of shipment; names of persons who selected, assembled and packaged for shipment; and, the name of the pharmacist or designated individual responsible for the distribution.

(2) Prescription and drug distribution records shall be maintained in accordance with board of pharmacy record retention requirements.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-905-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-06-026 (Order 210), § 360-60-030, filed 2/25/88.]

**WAC 246-905-050 Quality assurance.** Home dialysis programs involved in the distribution of legend drugs as permitted by RCW 18.64.257 and 69.41.032, shall develop a quality assurance program for drug distribution and shall maintain records of drug distribution errors and other problems, including loss due to damage or theft.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-905-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-06-026 (Order 210), § 360-60-040, filed 2/25/88.]

(2005 Ed.)

**Chapter 246-907 WAC  
PHARMACEUTICAL LICENSING PERIODS AND  
FEES**

<b>WAC</b>	
246-907-030	Fees and renewal cycle.
246-907-040	Fee payment.
246-907-995	Conversion to a birthday renewal cycle.

**DISPOSITION OF SECTIONS FORMERLY  
CODIFIED IN THIS CHAPTER**

246-907-020	Licensing periods. [Statutory Authority: RCW 43.70.040. 97-06-019, § 246-907-020, filed 2/25/97, effective 3/28/97. Statutory Authority: RCW 18.64.005. 94-14-038 § 246-907-020, filed 6/29/94, effective 7/30/94. Statutory Authority: RCW 43.70.250. 92-07-099 (Order 256), § 246-907-020, filed 3/18/92, effective 4/18/92. Statutory Authority: RCW 43.70.040. 91-19-028 (Order 194), recodified as § 246-907-020, filed 9/10/91, effective 10/11/91. Statutory Authority: RCW 18.64.005. 88-14-042 (Order 216), § 360-18-010, filed 6/30/88. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-18-010, filed 12/17/82. Statutory Authority: RCW 18.64.005 (4) and (11). 80-05-074 (Order 154, Resolution No. 4/80), § 360-18-010, filed 4/28/80.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
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**WAC 246-907-030 Fees and renewal cycle.** (1) Pharmacist, pharmacy technician, and pharmacy intern licenses must be renewed every year on the practitioner’s birthday as provided in chapter 246-12 WAC, Part 2.

(2) Pharmacy location, controlled substance registration (pharmacy), pharmacy technician utilization, and shopkeepers differential hours licenses will expire on June 1 of each year.

(3) All other licenses, including health care entity licenses, registrations, permits, or certifications will expire on October 1 of each year.

(4) The following nonrefundable fees will be charged for pharmacy location:

<b>Title of fee</b>	<b>Fee</b>
Original pharmacy fee	\$365.00
Original pharmacy technician utilization fee	65.00
Renewal pharmacy fee	265.00
Renewal pharmacy technician utilization fee	75.00
Penalty pharmacy fee	132.50

(5) The following nonrefundable fees will be charged for vendor:

Original fee	75.00
Renewal fee	75.00
Penalty fee	50.00

(6) The following nonrefundable fees will be charged for pharmacist:

Original license fee	130.00
Renewal fee, active and inactive license	135.00
Renewal fee, retired license	20.00
Penalty fee	67.50
Expired license reissuance (active and inactive)	67.50
Reciprocity fee	330.00
Certification of license status to other states	20.00
Retired license	20.00
Temporary permit	65.00

(7) The following nonrefundable fees will be charged for shopkeeper:

Original fee	35.00
Renewal fee	35.00
Penalty fee	35.00

Shopkeeper - with differential hours:

Original fee	35.00
Renewal fee	35.00
Penalty fee	35.00

(8) The following nonrefundable fees will be charged for drug manufacturer:

Original fee	590.00
Renewal fee	590.00
Penalty fee	295.00

(9) The following nonrefundable fees will be charged for drug wholesaler - full line:

Original fee	590.00
Renewal fee	590.00
Penalty fee	295.00

(10) The following nonrefundable fees will be charged for drug wholesaler - OTC only:

Original fee	330.00
Renewal fee	330.00
Penalty fee	165.00

(11) The following nonrefundable fees will be charged for drug wholesaler - export:

Original fee	590.00
Renewal fee	590.00
Penalty	295.00

(12) The following nonrefundable fees will be charged for drug wholesaler - export nonprofit humanitarian organization.

Original fee	25.00
Renewal fee	25.00
Penalty	25.00

(13) The following nonrefundable fees will be charged for pharmacy technician:

Original fee	50.00
Renewal fee	40.00
Penalty fee	40.00
Expired license reissuance	40.00

(14) The following nonrefundable fees will be charged for pharmacy intern:

Original registration fee	20.00
Renewal registration fee	20.00

(15) The following nonrefundable fees will be charged for Controlled Substances Act (CSA):

Registrations	
Dispensing registration fee (i.e. pharmacies and health care entities)	80.00
Dispensing renewal fee (i.e. pharmacies and health care entities)	65.00
Distributors registration fee (i.e. wholesalers)	115.00

Distributors renewal fee (i.e. wholesalers)	115.00
Manufacturers registration fee	115.00
Manufacturers renewal fee	115.00
Sodium pentobarbital for animal euthanization registration fee	40.00
Sodium pentobarbital for animal euthanization renewal fee	40.00
Other CSA registrations	40.00

(16) The following nonrefundable fees will be charged for legend drug sample - distributor:

Registration fees	
Original fee	365.00
Renewal fee	265.00
Penalty fee	132.50

(17) The following nonrefundable fees will be charged for poison manufacturer/seller - license fees:

Original fee	40.00
Renewal fee	40.00

(18) The following nonrefundable fees will be charged for facility inspection fee:

200.00

(19) The following nonrefundable fees will be charged for precursor control permit:

Original fee	65.00
Renewal fee	65.00

(20) The following nonrefundable fees will be charged for license reissue:

Reissue fee	15.00
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(21) The following nonrefundable fees will be charged for health care entity:

Original fee	365.00
Renewal	265.00
Penalty	132.50

[Statutory Authority: RCW 43.70.250, 2001 2nd sp.s. c 7 and RCW 18.64-310, 18.64A.010, 01-23-101, § 246-907-030, filed 11/21/01, effective 1/21/02. Statutory Authority: RCW 43.70.040, 42.70.250, and 18.64.310, 01-12-052, § 246-907-030, filed 6/1/01, effective 7/2/01. Statutory Authority: RCW 43.70.250, 98-10-052, § 246-907-030, filed 4/29/98, effective 5/30/98. Statutory Authority: RCW 43.70.280, 98-05-060, § 246-907-030, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.040, 97-06-019, § 246-907-030, filed 2/25/97, effective 3/28/97. Statutory Authority: RCW 18.64.005, 94-05-036, § 246-907-030, filed 2/8/94, effective 3/11/94; 93-18-015, § 246-907-030, filed 8/24/93, effective 9/24/93; 93-05-045 (Order 334), § 246-907-030, filed 2/17/93, effective 3/20/93. Statutory Authority: RCW 43.70.250, 92-07-099 (Order 256), § 246-907-030, filed 3/18/92, effective 4/18/92. Statutory Authority: RCW 43.70.040, 91-19-028 (Order 194), recodified as § 246-907-030, filed 9/10/91, effective 10/11/91. Statutory Authority: RCW 43.70.250, 91-13-002 (Order 173), § 360-18-020, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 18.64.005, 89-04-015 (Order 222), § 360-18-020, filed 1/23/89; 88-14-042 (Order 216), § 360-18-020, filed 6/30/88; 88-07-011 (Order 209), § 360-18-020, filed 3/3/88; 87-18-066 (Order 207), § 360-18-020, filed 9/2/87. Statutory Authority: RCW 18.64.005(4), 85-22-033 (Order 196), § 360-18-020, filed 10/31/85; 85-06-010 (Order 193), § 360-18-020, filed 2/22/85. Statutory Authority: RCW 18.64.005, 84-17-142 (Order 189), § 360-18-020, filed 8/22/84; 84-04-030 (Order 184), § 360-18-020, filed 1/25/84; 83-22-034 (Order 177), § 360-18-020, filed 10/26/83. Statutory Authority: RCW 18.64.005 and 18.64A.020, 83-18-021 (Order 175), § 360-18-020, filed 8/30/83. Statutory Authority: RCW 18.64.005(12), 82-12-041 (Order 168), § 360-18-020, filed 5/28/82. Statutory Authority: RCW 18.64.005 (4) and (11), 80-08-035 (Order 155, Resolution No. 6/80), § 360-18-020, filed

6/26/80, effective 9/30/80; 80-05-074 (Order 154, Resolution No. 4/80), § 360-18-020, filed 4/28/80.]

**WAC 246-907-040 Fee payment.** (1) A licensed pharmacist, wholesaler, or manufacturer shall pay a facility inspection fee in lieu of the original license fee when there is only a change of facility location within the premises identified by the license address. Any change of location to a different address shall require a new application and payment of the original license fee.

(2) An original license fee shall be paid whenever there is any change in ownership, including change in business structure or organizational structure such as a change from sole proprietorship to a corporation, or a change of more than fifty percent ownership in a corporation.

(3) All fees are charged on an annual basis and will not be prorated.

[Statutory Authority: RCW 43.70.040, 91-19-028 (Order 194), recodified as § 246-907-040, filed 9/10/91, effective 10/11/91. Statutory Authority: RCW 18.64.005, 88-07-011 (Order 209), § 360-18-025, filed 3/3/88.]

**WAC 246-907-995 Conversion to a birthday renewal cycle.** (1) Effective July 1, 1998, the annual pharmacist, pharmacy assistant, and pharmacy intern credential renewal dates are changed to coincide with the practitioner's birthday.

(2) Renewal fees will be prorated during the transition period while renewal dates are changed to coincide with the practitioner's birthday.

(3) After the initial conversion to a staggered system, practitioners will annually renew their credential on their birthday at the current renewal rate.

[Statutory Authority: RCW 43.70.280, 98-05-060, § 246-907-995, filed 2/13/98, effective 3/16/98.]

## Chapter 246-915 WAC

### PHYSICAL THERAPISTS

#### WAC

246-915-010	Definitions.
246-915-020	Examinations—When held.
246-915-030	Examination.
246-915-040	Licensure by endorsement—Applicants from approved schools.
246-915-050	Expired license.
246-915-070	Application due date.
246-915-075	Temporary permits—Issuance and duration.
246-915-078	Interim permits.
246-915-085	Continuing competency.
246-915-100	Approved physical therapy schools.
246-915-110	AIDS education and training.
246-915-120	Applicants from unapproved schools.
246-915-130	Initial evaluation—Referral—Nonreferral—Recommendations—Follow-up.
246-915-140	Personnel identification.
246-915-150	Physical therapist assistant and physical therapy aide supervision ratio.
246-915-160	Responsibilities of supervision.
246-915-170	Special requirements for physical therapist assistant utilization.
246-915-180	Professional conduct principles.
246-915-182	Unprofessional conduct—Sexual misconduct.
246-915-185	Standards for appropriateness of physical therapy care.
246-915-190	Division of fees—Rebating—Financial interest—Endorsement.
246-915-200	Physical therapy records.
246-915-210	Mandatory reporting—General provisions.
246-915-220	Mandatory reporting—Physical therapists.
246-915-230	Health care institutions and home health agencies—Mandatory reporting.

246-915-240	Physical therapy associations or societies—Mandatory reporting.
246-915-250	Health care service contractors and disability insurance carriers—Mandatory reporting.
246-915-260	Professional liability carriers—Mandatory reporting.
246-915-270	Courts—Mandatory reporting.
246-915-280	State and federal agencies—Mandatory reporting.
246-915-300	Philosophy governing voluntary substance abuse monitoring programs.
246-915-310	Terms used in WAC 246-915-300 through 246-915-330.
246-915-320	Approval of substance abuse monitoring programs.
246-915-330	Participation in approved substance abuse monitoring program.
246-915-340	Adjudicative proceedings.
246-915-990	Physical therapy fees and renewal cycle.

#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-915-015	Examination appeal procedures. [Statutory Authority: RCW 18.74.023. 92-08-039 (Order 259B), § 246-915-015, filed 3/24/92, effective 4/24/92; 91-05-094 (Order 144B), § 246-915-015, filed 2/20/91, effective 3/23/91.] Repealed by 92-16-082 (Order 294B), filed 8/4/92, effective 9/4/92. Statutory Authority: RCW 18.74.023.
246-915-060	Applications. [Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-060, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 88-23-014 (Order PM 789), § 308-42-090, filed 11/7/88.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
246-915-080	Renewal of license. [Statutory Authority: RCW 18.74.023. 93-04-081 (Order 328B), § 246-915-080, filed 2/1/93, effective 3/4/93; 91-05-094 (Order 144B), § 246-915-080, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-080, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 89-21-008, § 308-42-120, filed 10/6/89, effective 11/6/89; 88-23-014 (Order PM 789), § 308-42-120, filed 11/7/88. Statutory Authority: RCW 18.74.023. 84-03-055 (Order PL 455), § 308-42-120, filed 1/18/84. Statutory Authority: RCW 43.24.140. 80-04-057 (Order 337), § 308-42-120, filed 3/24/80.] Repealed by 97-20-103, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.280.
246-915-090	Change of address or name—Notification of department. [Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-090, filed 2/4/94, effective 3/7/94; 91-02-011 (Order 103B), recodified as § 246-915-090, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 89-21-009, § 308-42-121, filed 10/6/89, effective 11/6/89.] Repealed by 97-20-103, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.280.

**WAC 246-915-010 Definitions.** For the purposes of this chapter and administering chapter 18.74 RCW, the following words and phrases have the following meanings:

(1) The "performance of tests of neuromuscular function" includes the performance of electroneuromyographic examinations.

(2) "Consultation" means a communication regarding a patient's evaluation and proposed treatment plan with an authorized health care practitioner.

(3) "Supervisor" means the licensed physical therapist.

(4) "Trained supportive personnel" as described in RCW 18.74.010(3) means:

(a) "Physical therapist assistant." An individual who has successfully completed a board approved physical therapist assistant program; or

(b) "Physical therapy aide." An individual who is involved in direct physical therapy patient care who does not meet the definition of a physical therapist or physical therapist assistant and receives ongoing on-the-job training.

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(5) "Direct supervision" means the supervisor is on the premises, is quickly and easily available and the patient has been examined by the physical therapist at such time as acceptable physical therapy practice requires, consistent with the delegated health care task.

(6) "Indirect supervision" means the supervisor is not on the premises, but has given either written or oral instructions for treatment of the patient and the patient has been examined by the physical therapist at such time as acceptable health care practice requires, and consistent with the particular delegated health care task.

(7) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(8) "Office on AIDS" means the section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(9) "Spinal manipulation" or "manipulative mobilization" means movement beyond the normal physiological range of motion.

[Statutory Authority: RCW 18.74.023 (3), (6) and (7). 04-13-052, § 246-915-010, filed 6/11/04, effective 7/12/04. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-915-010, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.74.023. 92-08-039 (Order 259B), § 246-915-010, filed 3/24/92, effective 4/24/92; 91-05-094 (Order 144B), § 246-915-010, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-010, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 89-21-007, § 308-42-010, filed 10/6/89, effective 11/6/89; 88-23-014 (Order PM 789), § 308-42-010, filed 11/7/88. Statutory Authority: RCW 18.74.023. 84-13-057 (Order PL 471), § 308-42-010, filed 6/19/84; Order PL 191, § 308-42-010, filed 5/29/75; Order 704207, § 308-42-010, filed 8/7/70, effective 9/15/70.]

**WAC 246-915-020 Examinations—When held.** (1) Examinations of applicants for licensure as physical therapists shall be held at least twice a year at the time and location prescribed by the board.

(2) Physical therapy students in their last year may apply for licensure by examination prior to graduation under the following circumstances:

(a) Receipt of a letter from an official, of their physical therapy school, verifying the probability of graduation prior to the date of the examination for which they are applying.

(b) Results of the examination will be withheld until a diploma, official transcript or certification letter from the registrar's office certifying completion of all requirements for degree or certificate in physical therapy is received by the department.

(3) Applicants who do not pass the examination after two attempts shall demonstrate evidence satisfactory to the board of having successfully completed clinical training and/or coursework as determined by the board before being permitted two additional attempts.

[Statutory Authority: RCW 18.74.023. 93-04-081 (Order 328B), § 246-915-020, filed 2/1/93, effective 3/4/93; 91-02-011 (Order 103B), recodified as § 246-915-020, filed 12/21/90, effective 1/31/91; 87-08-065 (Order PM 644), § 308-42-040, filed 4/1/87; 84-03-055 (Order PL 455), § 308-42-040, filed 1/18/84. Statutory Authority: RCW 18.74.020. 83-05-032 (Order PL 426), § 308-42-040, filed 2/10/83; 79-05-035 (Order PL 302), § 308-42-040, filed 4/24/79; Order PL 191, § 308-42-040, filed 5/29/75; Order 704207, § 308-42-040, filed 8/7/70, effective 9/15/70.]

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**WAC 246-915-030 Examination.** (1) The examination acceptable to and approved for use under the provisions of RCW 18.74.035 shall be the examination for physical therapists as reviewed and approved by the board of physical therapy. A passing score is considered to be one of the following:

(a) Beginning November 8, 1995, the criterion referenced passing point recommended by the Federation of State Boards of Physical Therapy for the examination approved by the board. The passing point shall be set to equal a scaled score of 600 based on a scale ranging from 200 to 800.

(b) Beginning February 28, 1991, through July 12, 1995, not less than sixty-eight percent of the raw score for the examination approved by the board; or

(c) Prior to February 28, 1991, not less than sixty percent raw score on each of the three examination parts for the examination approved by the board.

(2) If a candidate fails to receive a passing score on the examination, he or she will be required to retake the examination.

(3) Where necessary, applicant's score will be rounded off to the nearest whole number.

[Statutory Authority: RCW 18.74.023, 96-13-008, § 246-915-030, filed 6/6/96, effective 6/7/96; 92-16-082 (Order 294B), § 246-915-030, filed 8/4/92, effective 9/4/92; 91-14-006 (Order 178B), § 246-915-030, filed 6/21/91, effective 7/22/91; 91-05-094 (Order 144B), § 246-915-030, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-030, filed 12/21/90, effective 1/31/91. Statutory Authority: Chapter 18.74 RCW, 90-16-070 (Order 074), § 308-42-045, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.74.023, 86-19-063 (Order PM 619), § 308-42-045, filed 9/16/86; 84-17-032 (Order PL 477), § 308-42-045, filed 8/8/84. Statutory Authority: RCW 18.74.020, 83-05-032 (Order PL 426), § 308-42-045, filed 2/10/83; 81-19-071 (Order PL 384), § 308-42-045, filed 9/15/81; Order PL 191, § 308-42-045, filed 5/29/75.]

**WAC 246-915-040 Licensure by endorsement—Applicants from approved schools.** (1) Before licensure by endorsement is extended to any individual licensed to practice physical therapy under the law of another state, territory, or District of Columbia, the applicant shall have graduated from a board approved school, shall have taken the examination for physical therapy and shall have achieved a passing score approved by the board.

(2) If the decision to extend licensure by endorsement is based on an examination other than the examination approved in WAC 246-915-030(1), the board shall determine if such examination is equivalent to that required by the laws of this state.

(3) The board shall not recommend to the secretary that a person be licensed as a physical therapist under the licensure by endorsement provisions of RCW 18.74.060, unless said applicant shall have taken and passed the examination approved by the board, or other examination equivalent to that required by the laws of this state.

(4) If a licensee has not worked in physical therapy in the last two years, the applicant may be granted licensure by endorsement under the following conditions:

(a) The board may require reexamination of an applicant who has not been actively engaged in lawful practice in another state or territory; or

(b) Waive reexamination in favor of evidence of continuing education satisfactory to the board.

[Statutory Authority: RCW 18.74.023, 94-05-014 (Order 403B), § 246-915-040, filed 2/4/94, effective 3/7/94; 91-05-094 (Order 144B), § 246-915-040,

filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-040, filed 12/21/90, effective 1/31/91. Statutory Authority: Chapter 18.74 RCW, 90-16-070 (Order 074), § 308-42-060, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.74.023, 86-19-063 (Order PM 619), § 308-42-060, filed 9/16/86; 84-17-032 (Order PL 477), § 308-42-060, filed 8/8/84. Statutory Authority: RCW 18.74.020, 83-05-032 (Order PL 426), § 308-42-060, filed 2/10/83; 81-19-071 (Order PL 384), § 308-42-060, filed 9/15/81; Order PL 191, § 308-42-060, filed 5/29/75; Order 704207, § 308-42-060, filed 8/7/70, effective 9/15/70.]

**WAC 246-915-050 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, and the practitioner has been in active practice in another United States jurisdiction, the practitioner must:

(a) Submit verification of active practice from any other United States jurisdiction;

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

(3) If the license has expired for over three years, and the practitioner has not been in active practice in another United States jurisdiction, the practitioner must:

(a) Successfully pass the examination as provided in RCW 18.74.035. The board may waive reexamination in favor of evidence of continuing competency satisfactory to the board;

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

[Statutory Authority: RCW 43.70.280, 98-05-060, § 246-915-050, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.74.023, 94-05-014 (Order 403B), § 246-915-050, filed 2/4/94, effective 3/7/94; 91-05-094 (Order 144B), § 246-915-050, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-050, filed 12/21/90, effective 1/31/91; 84-03-055 (Order PL 455), § 308-42-070, filed 1/18/84. Statutory Authority: RCW 18.74.020, 83-05-032 (Order PL 426), § 308-42-070, filed 2/10/83.]

**WAC 246-915-070 Application due date.** All examination applications must be submitted no later than sixty days prior to the examination.

[Statutory Authority: RCW 18.74.023, 91-02-011 (Order 103B), recodified as § 246-915-070, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.020, 79-05-035 (Order PL 302), § 308-42-110, filed 4/24/79.]

**WAC 246-915-075 Temporary permits—Issuance and duration.** (1) Unless there is a basis for denial of a physical therapy license, an applicant who is licensed in another jurisdiction shall be issued a temporary practice permit after receipt of the following documentation by the department of health:

(a) Submission of a completed physical therapy license application on which the applicant indicates that he or she wishes to receive a temporary practice permit;

(b) Payment of the application fee and temporary practice permit fee;

(c) Submission of all required supporting documentation as described in the application forms and instructions provided by the department of health, excepting the seven hour AIDS education requirement as described in WAC 246-915-110.

(2) Applicants wishing to receive a temporary practice permit shall be granted an additional ninety days to complete the AIDS education requirement; however, issuance of a

physical therapy license is contingent upon evidence of having met this requirement.

(3) The temporary permit shall expire upon the issuance of a license by the board; initiation of an investigation by the board of the applicant; or ninety days, whichever occurs first.

(4) An applicant who receives a temporary practice permit and who does not complete the application process may not receive additional temporary practice permits even upon submission of a new application in the future.

[Statutory Authority: RCW 18.74.023. 92-16-082 (Order 294B), § 246-915-075, filed 8/4/92, effective 9/4/92.]

**WAC 246-915-078 Interim permits.** An applicant who has not previously taken the physical therapy examination or an applicant who has not previously held an interim or temporary permit in Washington or another state, may be eligible for an interim permit under RCW 18.74.075 upon submission of the following:

- (1) Payment of the application fee;
- (2) Evidence of having obtained a physical therapy degree from a board approved school;
- (3) Completed a physical therapy license application on which the applicant:
  - (a) Requests to receive an interim permit;
  - (b) Provides the name, location and telephone number of his or her place of employment;
  - (c) Provides the name and license number of his or her licensed supervising physical therapist; and
  - (d) Provides written confirmation from the licensed supervising physical therapist attesting that he or she will:
    - (i) Ensure that a licensed physical therapist will remain on the premises at all times to provide "graduate supervision" as specified in RCW 18.74.075;
    - (ii) Report to the board any change in supervision or any change in location where services are provided;
    - (iii) Ensure that the holder of the interim permit wears identification showing his or her clinical title and/or role in the facility as a graduate physical therapist; and
    - (iv) Ensure that the holder of the interim permit ceases practice immediately upon notification of examination failure; or
    - (v) Ensure that the holder of the interim permit obtains his or her physical therapy license immediately upon notification of having passed the examination.

[Statutory Authority: RCW 18.74.023 (3), (6) and (7). 04-13-052, § 246-915-078, filed 6/11/04, effective 7/12/04. Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-078, filed 2/4/94, effective 3/7/94.]

**WAC 246-915-085 Continuing competency.** Licensed physical therapists must provide evidence of continuing competency in the form of continuing education and employment related to physical therapy every two years.

(1) Education - Licensed physical therapists must complete 40 hours of continuing education every two years as required in chapter 246-12 WAC, Part 7.

- (a) Continuing education specifically relating to the practice of physical therapy;
- (b) Participation in a course with specific goals and objectives relating to the practice of physical therapy;

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(c) Audio or video recordings or other multimedia devices, and/or book/article review. A maximum of ten hours may be used for books/articles reviewed;

(d) Correspondence course work completed.

(2) In addition to the requirements in subsection (1) of this section, 200 hours involving the application of physical therapy knowledge and skills, which may be obtained as follows:

(a) In the clinical practice of physical therapy; or

(b) In nonclinical activities that involve the direct application of physical therapy skills and knowledge, examples of which include, but are not limited to:

(i) Active service on boards or in physical therapy school or education program accrediting bodies;

(ii) Physical therapy teaching or presentations on:

(A) Patient/client management, prevention and wellness;

(B) Physical therapy ethics and standards of practice;

(C) Professional advocacy/involvement;

(ii) Developing course work in physical therapy schools or education programs or physical therapy continuing education courses;

(iv) Physical therapy research as a principal or associate researcher; and

(v) Physical therapy consulting.

(3) Licensees shall maintain records of all activities relating to continuing education and professional experience for a period of four years. Acceptable documentation shall mean:

(a) Continuing education. Certificates of completion, course sponsors, goals and objectives of the course, credentials of the presenter as a recognized authority on the subject presented, dates of attendance and total hours, for all continuing education being reported.

(b) Audio or video recordings or other multimedia devices, and/or book/article review. A two-page synopsis of each item reviewed must be written by the licensee.

(i) For audio or video recordings or other multimedia devices, a two-page double-spaced synopsis for every one to four hours of running time must be written by the licensee. Time spent writing a synopsis is not reportable.

(ii) For book/article review, a two-page double-spaced synopsis on each subject reviewed must be written by the licensee. Time spent writing a synopsis is not reportable.

(c) Correspondence course work completed. Course description and/or syllabus and copies of the completed and scored examination must be kept on file by the licensee.

(d) Physical therapy employment. Certified copies of employment records or proof acceptable to the board of physical therapy employment for the hours being reported.

[Statutory Authority: RCW 18.74.023(4). 04-08-101, § 246-915-085, filed 4/6/04, effective 5/7/04. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-915-085, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-085, filed 2/4/94, effective 3/7/94.]

**WAC 246-915-100 Approved physical therapy schools.** The board adopts the standards of the American Physical Therapy Association for the approval of physical therapy schools. Individuals who have a baccalaureate degree in physical therapy or who have a baccalaureate degree and a certificate or advanced degree from an institution of higher

learning accredited by the American Physical Therapy Association will be considered qualified under RCW 18.74.030 (2).

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-100, filed 12/21/90, effective 1/31/91; 85-10-002 (Order PL 525), § 308-42-122, filed 4/18/85.]

#### **WAC 246-915-110 AIDS education and training.**

Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-915-110, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.74.023. 91-05-094 (Order 144B), § 246-915-110, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-110, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 88-23-014 (Order PM 789), § 308-42-123, filed 11/7/88.]

**WAC 246-915-120 Applicants from unapproved schools.** Applicants who have not graduated from a physical therapy program approved by the board must have a valid, unencumbered license to practice physical therapy in the country in which the physical therapy education was obtained must have graduated from a program of physical therapy education with requirements substantially equal to those required of graduates of board approved schools, and must submit an application for review by the board. Supporting documentation will include but not be limited to:

- (1) Official transcript from the physical therapy program showing degree date;
- (2) Evaluation report of transcripts from a credentialing service approved by the board.
- (3) Verification that English is the national language of the country where the physical therapy program is located and the physical therapy program employs English as the language of training; or achieved a score of not less than five hundred fifty on the test of English as a foreign language (TOEFL); and that the applicant has a score of not less than two hundred thirty on the test of spoken English (TSE);
- (4) Verification of a valid, unencumbered license or authorization to practice physical therapy from the country in which the physical therapy education was obtained.

[Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-120, filed 2/4/94, effective 3/7/94; 93-04-081 (Order 328B), § 246-915-120, filed 2/1/93, effective 3/4/93; 92-08-039 (Order 259B), § 246-915-120, filed 3/24/92, effective 4/24/92; 91-02-011 (Order 103B), recodified as § 246-915-120, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-125, filed 6/19/84.]

**WAC 246-915-130 Initial evaluation—Referral—Nonreferral—Recommendations—Follow-up.** (1) Initial evaluation of a patient shall include history, chief complaint, examination, and recommendation for treatment.

(2) Direct referral of a patient by an authorized health care practitioner may be by telephone, letter, or in person: Provided, however, If the instructions are oral, the physical therapist may administer treatment accordingly, but must make a notation for his/her record describing the nature of the treatment, the date administered, the name of the person receiving treatment, and the name of the referring authorized health care practitioner.

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(3) The physical therapist will follow-up each patient visit with the appropriate recordkeeping as defined in WAC 246-915-200.

[Statutory Authority: RCW 18.74.023. 91-05-094 (Order 144B), § 246-915-130, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-130, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-130, filed 6/19/84.]

**WAC 246-915-140 Personnel identification.** (1) Each person shall wear identification showing his or her clinical title, and/or role in the facility as a physical therapist, a physical therapist assistant, a physical therapy aide, or a graduate physical therapist as appropriate. Supportive personnel may not use any term or designation which indicates or implies that he or she is licensed as a physical therapist in the state of Washington.

(2) The licensee must post the license or interim permit, or a certified copy of the license or interim permit, in a safe, conspicuous location at the licensee's work site. The licensee may block out his or her address before posting the license or interim permit.

[Statutory Authority: RCW 18.74.023 (3), (6) and (7). 04-13-052, § 246-915-140, filed 6/11/04, effective 7/12/04. Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-140, filed 2/4/94, effective 3/7/94; 91-05-094 (Order 144B), § 246-915-140, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-140, filed 12/21/90, effective 1/31/91; 84-17-032 (Order PL 477), § 308-42-135, filed 8/8/84.]

**WAC 246-915-150 Physical therapist assistant and physical therapy aide supervision ratio.** The number of full-time equivalent physical therapist assistants and aides utilized in any physical therapy practice shall not exceed twice in number the full-time equivalent licensed physical therapists practicing therein.

[Statutory Authority: RCW 18.74.023. 92-08-039 (Order 259B), § 246-915-150, filed 3/24/92, effective 4/24/92; 91-05-094 (Order 144B), § 246-915-150, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-150, filed 12/21/90, effective 1/31/91; 85-11-049 (Order PL 531), § 308-42-136, filed 5/16/85.]

**WAC 246-915-160 Responsibilities of supervision.** A physical therapist is professionally and legally responsible for patient care given by supportive personnel under his or her supervision. If a physical therapist fails to adequately supervise patient care given by supportive personnel, the board may take disciplinary action against the physical therapist.

(1) Regardless of the setting in which physical therapy services are provided, only the licensed physical therapist may perform the following responsibilities:

- (a) Interpretation of referrals.
- (b) Initial examination, problem identification, and diagnosis for physical therapy.
- (c) Development or modification of a plan of care that is based on the initial examination and includes the goals for physical therapy intervention.
- (d) Determination of which tasks require the expertise and decision-making capacity of the physical therapist and must be personally rendered by the physical therapist, and which tasks may be delegated.

(e) Assurance of the qualifications of all assistive personnel to perform assigned tasks through written documentation of their education or training that is maintained and available at all times.

(f) Delegation and instruction of the services to be rendered by the physical therapist, physical therapist assistant or physical therapy aide, including, but not limited to, specific tasks or procedures, precautions, special problems and contraindicated procedures.

(g) Timely review of documentation, reexamination of the patient and revision of the plan of care when indicated.

(h) Establishment of a discharge plan.

(2) Supervision requires that the patient reevaluation is performed:

(a) Every fifth visit, or if treatment is performed more than five times per week, reevaluation must be performed at least once a week;

(b) When there is any change in the patient's condition not consistent with planned progress or treatment goals.

(3) Supervision of supportive personnel means:

(a) Physical therapist assistants may function under direct or indirect supervision;

(b) Physical therapy aides shall function under direct supervision;

(c) The physical therapist may supervise a total of two supportive personnel at any one time.

[Statutory Authority: RCW 18.74.023 (3), (6) and (7). 04-13-052, § 246-915-160, filed 6/11/04, effective 7/12/04. Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-160, filed 2/4/94, effective 3/7/94; 91-05-094 (Order 144B), § 246-915-160, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-160, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-140, filed 6/19/84.]

**WAC 246-915-170 Special requirements for physical therapist assistant utilization.** The physical therapist assistant may function under immediate, direct or indirect supervision if the following requirements are met:

(1) Patient reevaluation must be performed by a supervising licensed physical therapist every five visits, or if treatment is performed more than once a day, reevaluation must be performed at least once a week.

(2) Any change in the patient's condition not consistent with planned progress or treatment goals necessitates a reevaluation by the licensed physical therapist before further treatment is carried out.

[Statutory Authority: RCW 18.74.023. 91-05-094 (Order 144B), § 246-915-170, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-170, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 89-19-007 (Order PM 859), § 308-42-145, filed 9/8/89, effective 10/9/89. Statutory Authority: RCW 18.74.023. 84-17-032 (Order PL 477), § 308-42-145, filed 8/8/84.]

**WAC 246-915-180 Professional conduct principles.**

(1) The patient's lawful consent is to be obtained before any information related to the patient is released, except to the consulting or referring authorized health care practitioner and/or authorized governmental agency(s).

(a) Physical therapists are responsible for answering legitimate inquiries regarding a patient's physical dysfunction and treatment progress, and

(b) Information is to be provided to insurance companies for billing purposes only.

(2) Physical therapists are not to compensate to give anything of value to a representative of the press, radio, television, or other communication medium in anticipation of, or in return for, professional publicity in a news item. A paid advertisement is to be identified as such unless it is apparent from the context it is a paid advertisement.

(3) It is the licensee's responsibility to report any unprofessional, incompetent or illegal acts which are in violation of chapter 18.74 RCW or any rules established by the board.

(4) It is the licensee's responsibility to recognize the boundaries of his or her own professional competencies and that he or she uses only those in which he or she can prove training and experience.

(5) Physical therapists shall recognize the need for continuing education and shall be open to new procedures and changes.

(6) It is the licensee's responsibility to represent his or her academic credentials in a way that is not misleading to the public.

(7) It is the responsibility of the physical therapist to refrain from undertaking any activity in which his or her personal problems are likely to lead to inadequate performance or harm to a client and/or colleague.

(8) A physical therapist shall not use or allow to be used any form of public communication or advertising connected with his or her profession or in his or her professional capacity as a physical therapist which:

(a) Is false, fraudulent, deceptive, or misleading;

(b) Uses testimonials;

(c) Guarantees any treatment or result;

(d) Makes claims of professional superiority.

(9) Physical therapists are to recognize that each individual is different from all other individuals and to be tolerant of and responsive to those differences.

[Statutory Authority: RCW 18.74.023. 92-08-039 (Order 259B), § 246-915-180, filed 3/24/92, effective 4/24/92; 91-05-094 (Order 144B), § 246-915-180, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-180, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-150, filed 6/19/84.]

**WAC 246-915-182 Unprofessional conduct—Sexual misconduct.** (1) The physical therapist shall never engage in sexual contact or sexual activity with current clients.

(2) Sexual contact or sexual activity is prohibited with a former client for two years after cessation or termination of professional services.

(3) The physical therapist shall never engage in sexual contact or sexual activity with former clients if such contact or activity involves the abuse of the physical therapist-client relationship. Factors which the board may consider in evaluating if the physical therapist-client relationship has been abusive includes, but is not limited to:

(a) The amount of time that has passed since therapy terminated;

(b) The nature and duration of the therapy;

(c) The circumstances of cessation or termination;

(d) The former client's personal history;

(e) The former client's current mental status;

(f) The likelihood of adverse impact on the former client and others; and

(g) Any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post termination sexual or romantic relationship with the former client.

(4) The physical therapist shall never engage in sexually harassing or demeaning behavior with current or former clients.

(5) These rules do not prohibit:

(a) The provision of physical therapy services on an urgent, unforeseen basis where circumstances will not allow a physical therapist to obtain reassignment or make an appropriate referral;

(b) The provision of physical therapy services to a spouse, or family member, or any other person who is in a preexisting, established relationship with the physical therapist where no evidence of abuse of the physical therapist-client relationship exists.

[Statutory Authority: RCW 18.74.023(3), 18.74.025, 18.130.050(1), and 18.130.180(24), 04-08-102, § 246-915-182, filed 4/6/04, effective 5/7/04.]

**WAC 246-915-185 Standards for appropriateness of physical therapy care.** (1) Appropriate, skilled physical therapy treatment is treatment which is reasonable in terms of accepted physical therapy practice, and necessary to recovery of function by the patient. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed.

(2) Appropriate physical therapy services must be of such a level of complexity and sophistication, or the condition of the patient must be such, that the services required can be safely and effectively performed only by a qualified physical therapist, or under supervision of a qualified physical therapist.

[Statutory Authority: RCW 18.74.023, 92-08-039 (Order 259B), § 246-915-185, filed 3/24/92, effective 4/24/92.]

**WAC 246-915-190 Division of fees—Rebating—Financial interest—Endorsement.** (1) Physical therapists are not to directly or indirectly request, receive or participate in the dividing, transferring, assigning, rebating or refunding of an unearned fee, or to profit by means of a credit or other valuable consideration such as an unearned commission, discount, or gratuity in connection with the furnishing of physical therapy services.

(2) Physical therapists who practice physical therapy as partners or in other business entities may pool fees and moneys received, either by the partnership or other entity, for the professional services furnished by any physical therapist member or employee of the partnership or entity. Physical therapists may divide or apportion the fees and moneys received by them, in the partnership or other business entity, in accordance with the partnership or other agreement.

(3) There shall be no rebate to any health care practitioner who refers or authorizes physical therapy treatment or evaluation as prohibited by chapter 19.68 RCW.

(4) Physical therapists are not to influence patients to rent or purchase any items which are not necessary for the patient's care.

[Title 246 WAC—p. 1286]

[Statutory Authority: RCW 18.74.023, 91-02-011 (Order 103B), recodified as § 246-915-190, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-155, filed 6/19/84.]

**WAC 246-915-200 Physical therapy records.** In order to maintain the integrity of physical therapy practice, the physical therapist is responsible for obtaining all necessary information, such as medical history, contraindications or, any special instructions from an authorized health care practitioner. The evaluation and treatment plan shall be written according to acceptable physical therapy practice consistent with the delegated health care task. Records must be maintained and include date of treatment, treatment record, and signature of person responsible for the treatment.

[Statutory Authority: RCW 18.74.023, 92-08-039 (Order 259B), § 246-915-200, filed 3/24/92, effective 4/24/92; 91-02-011 (Order 103B), recodified as § 246-915-200, filed 12/21/90, effective 1/31/91; 84-17-032 (Order PL 477), § 308-42-160, filed 8/8/84.]

**WAC 246-915-210 Mandatory reporting—General provisions.** (1) The following definitions apply to the requirements for mandatory reporting set out in WAC 246-915-220 through 246-915-280:

(a) "Unprofessional conduct" as used in these regulations shall mean the conduct described in RCW 18.130.180.

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

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

(d) "Home health agency" means a person administering or providing two or more home health services directly or through a contract arrangement to individuals in places of temporary or permanent residence. A person administering or providing nursing services only may elect to be designated a home health agency for purposes of licensure.

(e) "Board" means the physical therapy board, whose address is:

Department of Health  
P.O. Box 47868  
Olympia, WA 98504-7868

(f) "Physical therapist" means a person licensed pursuant to chapter 18.74 RCW.

(g) "Mentally or physically disabled physical therapist" means a physical therapist who has either been determined by a court to be mentally incompetent or mentally ill or who is unable to practice physical therapy with reasonable skill and safety to patients by reason of any mental or physical condition.

(2) All reports required by WAC 246-915-220 through 246-915-280 shall be submitted to the board as soon as possible. A report shall contain the following information if known:

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

(b) The name and address and telephone numbers of the physical therapist being reported.

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

(2005 Ed.)

(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 the evaluation of the report.

[Statutory Authority: RCW 18.74.023(3) and 18.130.070. 04-08-100, § 246-915-210, filed 4/6/04, effective 5/7/04. Statutory Authority: RCW 18.74.023. 91-05-094 (Order 144B), § 246-915-210, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-210, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-210, filed 8/28/87.]

**WAC 246-915-220 Mandatory reporting—Physical therapists.** (1) Physical therapists shall report to the board if the therapist has knowledge that:

(a) Another therapist has committed unprofessional conduct under RCW 18.130.180, including violations of chapter 18.74 RCW and chapter 246-915 WAC; or

(b) A physical therapist is unable to practice with reasonable skill and safety as the result of a physical or mental condition.

(2) Failure to comply with these reporting requirements may constitute a violation of laws which regulate the practice of physical therapy.

[Statutory Authority: RCW 18.74.023(3) and 18.130.070. 04-08-100, § 246-915-220, filed 4/6/04, effective 5/7/04. Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-220, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-220, filed 8/28/87.]

**WAC 246-915-230 Health care institutions and home health agencies—Mandatory reporting.** The chief administrator or executive officer of any hospital, home health agency, or nursing home shall report to the board when any physical therapist's services are terminated or are restricted based on a determination that the physical therapist has either committed an act or acts which may constitute unprofessional conduct or that the physical therapist may be mentally or physically disabled.

[Statutory Authority: RCW 18.74.023(3) and 18.130.070. 04-08-100, § 246-915-230, filed 4/6/04, effective 5/7/04. Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-230, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-230, filed 8/28/87.]

**WAC 246-915-240 Physical therapy associations or societies—Mandatory reporting.** The president or chief executive officer of any physical therapy association or society within this state shall report to the board when the association or society has determined the physical therapist:

(1) Demonstrated incompetence or acted with negligence in the practice of physical therapy;

(2) Has engaged in unprofessional conduct under RCW 18.130.180; or

(3) Is mentally or physically unable to perform as a physical therapist. The report shall be made regardless to whether the physical therapist appeals, accepts or acts upon the determination made by the association or society. Any notification of appeals shall be included with the report.

(2005 Ed.)

[Statutory Authority: RCW 18.74.023(3) and 18.130.070. 04-08-100, § 246-915-240, filed 4/6/04, effective 5/7/04. Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-240, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-240, filed 8/28/87.]

**WAC 246-915-250 Health care service contractors and disability insurance carriers—Mandatory reporting.**

The executive officer of any health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A and 48.44 RCW operating in the state of Washington, shall report to the board all final determinations that a physical therapist has engaged in overcharging for services or has engaged in overutilization of services or has charged fees for services not actually provided.

[Statutory Authority: RCW 18.74.023(3) and 18.130.070. 04-08-100, § 246-915-250, filed 4/6/04, effective 5/7/04. Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-250, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-250, filed 8/28/87.]

**WAC 246-915-260 Professional liability carriers—Mandatory reporting.**

Any institution or organization providing professional liability insurance directly or indirectly to physical therapists shall send a complete report of any malpractice settlement, award or payment as a result of a claim or action for damages alleged to have been caused by an insured physical therapist's incompetency or negligence in the practice of physical therapy.

[Statutory Authority: RCW 18.74.023(3) and 18.130.070. 04-08-100, § 246-915-260, filed 4/6/04, effective 5/7/04. Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-260, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-260, filed 8/28/87.]

**WAC 246-915-270 Courts—Mandatory reporting.**

The board requests the assistance of all clerks of trial courts within the state to report all professional malpractice judgments and all convictions of licensed physical therapists, other than minor traffic violations.

[Statutory Authority: RCW 18.74.023(3) and 18.130.070. 04-08-100, § 246-915-270, filed 4/6/04, effective 5/7/04. Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-270, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-270, filed 8/28/87.]

**WAC 246-915-280 State and federal agencies—Mandatory reporting.**

The board requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a physical therapist is employed to provide patient care services, to report to the board when the program has determined the physical therapist:

(1) Demonstrated incompetence or acted with negligence in the practice of physical therapy;

(2) Has engaged in unprofessional conduct under RCW 18.130.180; or

(3) Is mentally or physically unable to perform as a physical therapist. Whenever such a physical therapist has been judged to have demonstrated his/her incompetency or negligence in the practice of physical therapy, or has otherwise committed unprofessional conduct; or is a mentally or physically disabled physical therapist.

[Title 246 WAC—p. 1287]

[Statutory Authority: RCW 18.74.023(3) and 18.130.070. 04-08-100, § 246-915-280, filed 4/6/04, effective 5/7/04. Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-280, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-280, filed 8/28/87.]

**WAC 246-915-300 Philosophy governing voluntary substance abuse monitoring programs.** The board recognizes the need to establish a means of proactively providing early recognition and treatment options for physical therapists whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such physical therapists be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this the board shall approve voluntary substance abuse monitoring programs and shall refer physical therapists impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.-160.

[Statutory Authority: RCW 18.74.023. 91-14-006 (Order 178B), § 246-915-300, filed 6/21/91, effective 7/22/91.]

**WAC 246-915-310 Terms used in WAC 246-915-300 through 246-915-330.** (1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and the criteria established by the board in WAC 246-915-320 which enters into a contract with physical therapists who have substance abuse problems regarding the required components of the physical therapist's recovery activity and oversees the physical therapist's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating physical therapists.

(2) "Contract" is a comprehensive, structured agreement between the recovering physical therapist and the approved monitoring program stipulating the physical therapist's consent to comply with the monitoring program and its required components of the physical therapist's recovery activity.

(3) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 70.96A.020(2) or 69.54.030 to provide intensive alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state must be equivalent to the standards required for approval under RCW 70.96A.020(2) or 69.54.030.

(4) "Substance abuse" means the impairment, as determined by the board, of a physical therapist's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

(5) "Aftercare" is that period of time after intensive treatment that provides the physical therapist and the physical therapist's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.

(6) "Support group" is a group of health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced health care professional facilitator in which

physical therapists may safely discuss drug diversion, licensure issues, return to work and other professional issues related to recovery.

(7) "Twelve steps groups" are groups such as alcoholics anonymous, narcotics anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, a peer group association, and self-help.

(8) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person being tested.

(9) "Health care professional" is an individual who is licensed, certified or registered in Washington to engage in the delivery of health care to patients.

[Statutory Authority: RCW 18.74.023. 91-14-006 (Order 178B), § 246-915-310, filed 6/21/91, effective 7/22/91.]

**WAC 246-915-320 Approval of substance abuse monitoring programs.** The board will approve the monitoring program(s) which will participate in the board's substance abuse monitoring program. A monitoring program approved by the board may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program will not provide evaluation or treatment to the participating physical therapists.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of physical therapy as defined in this chapter to be able to evaluate:

- (a) Clinical laboratories;
- (b) Laboratory results;
- (c) Providers of substance abuse treatment, both individuals and facilities;
- (d) Support groups;
- (e) The physical therapy work environment; and
- (f) The ability of the physical therapist to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the physical therapist and the board to oversee the physical therapist's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff will determine, on an individual basis, whether a physical therapist will be prohibited from engaging in the practice of physical therapy for a period of time and restrictions, if any, on the physical therapist's access to controlled substances in the work place.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program will be responsible for providing feedback to the physical therapist as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any physical therapist who fails to comply with the requirement of the monitoring program.

(9) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of physical therapy for those participating in the program.

[Statutory Authority: RCW 18.74.023. 91-14-006 (Order 178B), § 246-915-320, filed 6/21/91, effective 7/22/91.]

**WAC 246-915-330 Participation in approved substance abuse monitoring program.** (1) In lieu of disciplinary action, the physical therapist may accept board referral into the approved substance abuse monitoring program.

(a) The physical therapist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The physical therapist shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The physical therapist will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The physical therapist will agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The physical therapist must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The physical therapist must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis and goals.

(v) The physical therapist will submit to random drug screening as specified by the approved monitoring program.

(vi) The physical therapist will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The physical therapist will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The physical therapist shall sign a waiver allowing the approved monitoring program to release information to the board if the physical therapist does not comply with the requirements of this contract.

(c) The physical therapist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The physical therapist may be subject to disciplinary action under RCW 18.130.160 if the physical therapist does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) A physical therapist who is not being investigated by the board or subject to current disciplinary action or currently being monitored by the board for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not

have their participation made known to the board if they meet the requirements of the approved monitoring program:

(a) The physical therapist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The physical therapist shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The physical therapist will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The physical therapist will agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The physical therapist must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The physical therapist must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis and goals.

(v) The physical therapist will submit to random drug screening as specified by the approved monitoring program.

(vi) The physical therapist will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The physical therapist will comply with employment conditions and restrictions as defined by the contract.

(viii) The physical therapist shall sign a waiver allowing the approved monitoring program to release information to the board if the physical therapist does not comply with the requirements of this contract.

(c) The physical therapist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsections (1) and (2) of this section. Records held by the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: RCW 18.74.023. 91-14-006 (Order 178B), § 246-915-330, filed 6/21/91, effective 7/22/91.]

**WAC 246-915-340 Adjudicative proceedings.** The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.74.023. 94-05-014 (Order 403B), § 246-915-340, filed 2/4/94, effective 3/7/94.]

**WAC 246-915-990 Physical therapy fees and renewal cycle.** (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2. (2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Application	\$100.00
License renewal	65.00
Late renewal penalty	50.00
Expired license reissuance	50.00
Duplicate license	15.00
Certification	25.00

[Statutory Authority: RCW 43.70.250. 99-08-101, § 246-915-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-915-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-915-990, filed 6/6/91, effective 7/7/91; 91-05-004 (Order 128), § 246-915-990, filed 2/7/91, effective 3/10/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-915-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.086. 87-10-028 (Order PM 650), § 308-42-075, filed 5/1/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-42-075, filed 8/10/83. Formerly WAC 308-42-100.]

### Chapter 246-918 WAC

#### PHYSICIAN ASSISTANTS—MEDICAL QUALITY ASSURANCE COMMISSION

##### WAC

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##### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-918-006	Refunds. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-006, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-006, filed 6/3/92, effective 7/4/92.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
246-918-008	Brief adjudicative proceedings—Denials based on failure to meet education, experience, or examination prerequisites for licensure. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-008, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-008, filed 6/3/92, effective 7/4/92.] Repealed by 98-09-

118, filed 4/22/98, effective 5/23/98. Statutory Authority: RCW 18.71.017.

246-918-009	Adjudicative proceedings. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-009, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71A.020 and 18.71.060. 93-21-016, § 246-918-009, filed 10/11/93, effective 11/11/93.] Repealed by 98-09-118, filed 4/22/98, effective 5/23/98. Statutory Authority: RCW 18.71.017.
246-918-020	Physicians' assistants—Scope of jurisdiction. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-020, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 78-04-029 (Order PL 285, Resolution No. 78-140), § 308-52-136, filed 3/14/78.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
246-918-040	Emergency narcotic administration. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-040, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 81-03-078 (Order PL 368), § 308-52-132, filed 1/21/81.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
246-918-060	Physician assistants—Program approval. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-060, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-138, filed 2/23/88; 85-03-083 (Order PL 507), § 308-52-138, filed 1/18/85; 83-03-031 (Order PL 421), § 308-52-138, filed 1/14/83; 81-03-078 (Order PL 368), § 308-52-138, filed 1/21/81; 78-04-029 (Order PL 285, Resolution No. 78-140), § 308-52-138, filed 3/14/78.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
246-918-085	License renewal form. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-085, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.130.250. 93-01-078 (Order 321B), § 246-918-085, filed 12/14/92, effective 1/14/93.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
246-918-100	Physician assistants—Responsibility of supervising physician. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-100, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 86-12-031 (Order PM 599), § 308-52-141, filed 5/29/86; 81-03-078 (Order PL 368), § 308-52-141, filed 1/21/81; 78-04-029 (Order PL 285, Resolution No. 78-140), § 308-52-141, filed 3/14/78.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
246-918-160	Physician assistant and certified physician assistant disciplinary actions. [Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-160, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-160, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 82-24-013 (Order PL 412), § 308-52-160, filed 11/19/82.] Repealed by 98-09-119, filed 4/22/98, effective 5/23/98. Statutory Authority: RCW 18.71.017.
246-918-190	Categories of creditable continuing medical education activities. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-190, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 81-03-078 (Order PL 368), § 308-52-205, filed 1/21/81.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
246-918-200	Continuing medical education clock hour credit requirement. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-200, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 81-03-078 (Order PL 368), § 308-52-211, filed 1/21/81.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
246-918-210	Prior activity approval not required. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-210, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 81-03-078 (Order PL 368), § 308-52-215, filed 1/21/81.] Repealed

246-918-220 by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.  
 Certification of compliance. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-220, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 81-03-078 (Order PL 368), § 308-52-221, filed 1/21/81.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-240 Noncertified physician assistant—Surgical assistant. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-240, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-13-002 (Order PM 850), § 308-52-640, filed 6/8/89, effective 9/30/89.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-270 Major surgical procedures. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-270, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-20-023, § 308-52-680, filed 9/27/89, effective 10/28/89.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-280 Surgical assistant program requirements reconsideration. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-280, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-20-023, § 308-52-690, filed 9/27/89, effective 10/28/89.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-290 Acupuncture assistant education. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-290, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71.080 and 18.71A.020. 85-23-043 (Order PL 565), § 308-52-500, filed 11/18/85. Statutory Authority: RCW 18.71A.020. 83-07-014 (Order PL 428), § 308-52-500, filed 3/10/83; 79-06-055 (Order PL 301), § 308-52-500, filed 5/22/79.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-300 Acupuncture—Program approval. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-300, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 86-16-054 (Order PM 609), § 308-52-502, filed 8/1/86; 83-07-014 (Order PL 428), § 308-52-502, filed 3/10/83.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-320 Acupuncture equivalency examination. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-320, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71.080 and 18.71A.020. 85-23-043 (Order PL 565), § 308-52-510, filed 11/18/85. Statutory Authority: RCW 18.71A.020. 79-06-055 (Order PL 301), § 308-52-510, filed 5/22/79.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-330 Acupuncture examination review procedures. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-330, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 86-16-054 (Order PM 609), § 308-52-515, filed 8/1/86.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-340 Investigation. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-340, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 79-06-055 (Order PL 301), § 308-52-530, filed 5/22/79.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-350 English fluency. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-350, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 79-06-055 (Order PL 301), § 308-52-540, filed 5/22/79.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-360 X-rays and laboratory tests. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-360, filed 2/26/91, effective 3/29/91. Statutory

Authority: RCW 18.71A.020. 82-24-013 (Order PL 412), § 308-52-570, filed 11/19/82; 79-06-055 (Order PL 301), § 308-52-570, filed 5/22/79.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

246-918-370 Ethical considerations. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-370, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 82-24-013 (Order PL 412), § 308-52-580, filed 11/19/82; 79-06-055 (Order PL 301), § 308-52-580, filed 5/22/79.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

**WAC 246-918-005 Definitions.** The following terms used in this chapter shall have the meanings set forth in this section unless the context clearly indicates otherwise:

(1) "Certified physician assistant" means an individual who has successfully completed an accredited and commission approved physician assistant program and has passed the initial national boards examination administered by the National Commission on Certification of Physician Assistants (NCCPA).

(2) "Physician assistant" means an individual who either:

(a) Successfully completed an accredited and commission approved physician assistant program, is eligible for the NCCPA examination and was licensed in Washington state prior to July 1, 1999;

(b) Qualified based on work experience and education and was licensed prior to July 1, 1989;

(c) Graduated from an international medical school and was licensed prior to July 1, 1989; or

(d) Holds an interim permit issued pursuant to RCW 18.71A.020(1).

(3) "Physician assistant-surgical assistant" means an individual who was licensed as a physician assistant between September 30, 1989, and December 31, 1989, to function in a limited extent as authorized in WAC 246-918-230.

(4) "Licensee" means an individual credentialed as a certified physician assistant, physician assistant, or physician assistant-surgical assistant.

(5) "Commission approved program" means a physician assistant program accredited by the Committee on Allied Health Education and Accreditation (CAHEA); the Commission on Accreditation of Allied Health Education Programs (CAAHEP); the Accreditation Review Committee on Education for the Physician Assistant (ARC-PA); or any successive accrediting organizations.

(6) "Sponsoring physician" means the physician who is responsible for consulting with a certified physician assistant. An appropriate degree of supervision is involved.

(7) "Supervising physician" means the physician who is responsible for closely supervising, consulting, and reviewing the work of a physician assistant.

[Statutory Authority: RCW 18.71.017, 18.71.050 and chapter 18.71 RCW. 01-18-085, § 246-918-005, filed 9/5/01, effective 10/6/01. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-005, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71A.020 and 18.71.060. 93-21-016, § 246-918-005, filed 10/11/93, effective 11/11/93. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-005, filed 6/3/92, effective 7/4/92.]

**WAC 246-918-007 Application withdrawals.** An application for a license or interim permit may not be withdrawn if grounds for denial exist.

[Statutory Authority: RCW 18.71.017, 18.71.050 and chapter 18.71 RCW. 01-18-085, § 246-918-007, filed 9/5/01, effective 10/6/01. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-007, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-007, filed 6/3/92, effective 7/4/92.]

**WAC 246-918-030 Prescriptions issued by physician assistants.** A physician assistant may issue written or oral prescriptions as provided herein when approved by the commission and assigned by the supervising physician(s).

(1) A physician assistant may not prescribe controlled substances unless specifically approved by the commission or its designee. A physician assistant may issue prescriptions for legend drugs for a patient who is under the care of the physician(s) responsible for the supervision of the physician assistant.

(a) Written prescriptions shall include the name, address, and telephone number of the physician or medical group; the name and address of the patient and the date on which the prescription was written.

(b) The physician assistant shall sign such a prescription using his or her own name followed by the letters "P.A."

(c) Written prescriptions for schedule two through five must include the physician assistant's D.E.A. registration number, or, if none, the supervising physician's D.E.A. registration number, followed by the letters "P.A." and the physician assistant's license number.

(2) A physician assistant employed or extended privileges by a hospital, nursing home or other health care institution may, if permissible under the bylaws, rules and regulations of the institution, order pharmaceutical agents for inpatients under the care of the physician(s) responsible for his or her supervision.

(3) The license of a physician assistant who issues a prescription in violation of these provisions shall be subject to revocation or suspension.

(4) Physician assistants may dispense medications the physician assistant has prescribed from office supplies. The physician assistant shall comply with the state laws concerning prescription labeling requirements.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-030, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-030, filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71A.020. 91-08-007 (Order 153B), § 246-918-030, filed 3/26/91, effective 4/26/91. Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-030, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 86-12-031 (Order PM 599), § 308-52-135, filed 5/29/86; 83-07-014 (Order PL 428), § 308-52-135, filed 3/10/83; 82-03-022 (Order PL 390), § 308-52-135, filed 1/14/82; 79-10-041 (Order PL 317), § 308-52-135, filed 9/13/79; Order PL 264, § 308-52-135, filed 3/15/77.]

**WAC 246-918-035 Certified physician assistant prescriptions.** A certified physician assistant may issue written or oral prescriptions as provided herein when approved by the commission or its designee.

(1) Written prescriptions shall include the name, address, and telephone number of the physician or medical group; the name and address of the patient and the date on which the prescription was written.

(a) The certified physician assistant shall sign such a prescription using his or her own name followed by the letters "P.A.-C."

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(b) The written prescriptions for schedule two through five must include the physician assistant's D.E.A. registration number, or, if none, the sponsoring physician's D.E.A. registration number, followed by the letters "P.A.-C" and the physician assistant's license number.

(2) A certified physician assistant employed or extended privileges by a hospital, nursing home or other health care institution may, if permissible under the bylaws, rules and regulations of the institution, order pharmaceutical agents for inpatients under the care of the sponsoring physician(s).

(3) The license of a certified physician assistant who issues a prescription in violation of these provisions shall be subject to revocation or suspension.

(4) Certified physician assistants may dispense medications the certified physician assistant has prescribed from office supplies. The certified physician assistant shall comply with the state laws concerning prescription labeling requirements.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-035, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-035, filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71A.020. 91-08-007 (Order 153B), § 246-918-035, filed 3/26/91, effective 4/26/91.]

**WAC 246-918-050 Physician assistant qualifications effective July 1, 1999.** Individuals applying to the commission under chapter 18.71A RCW after July 1, 1999, must have graduated from an accredited physician assistant program approved by the commission and be certified by successful completion of the NCCPA examination: EXCEPT those applying for an interim permit under RCW 18.71A.020(1) who will have one year from issuance of the interim permit to successfully complete the examination.

[Statutory Authority: RCW 18.71.017, 18.71.050 and chapter 18.71 RCW. 01-18-085, § 246-918-050, filed 9/5/01, effective 10/6/01. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-050, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-050, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-20-023, § 308-52-165, filed 9/27/89, effective 10/28/89.]

**WAC 246-918-070 Credentialing of physician assistants.** All completed applications for licensure shall be reviewed by a member of the commission or a designee authorized in writing by the commission, prior to licensure.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-070, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 91-20-170 (Order 203B), § 246-918-070, filed 10/2/91, effective 11/2/91; 91-06-030 (Order 147B), recodified as § 246-918-070, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71.017 and 18.71A.020. 88-21-047 (Order PM 782), § 308-52-610, filed 10/13/88.]

**WAC 246-918-080 Physician assistant—Licensure.** (1) Application procedure. Applications may be made jointly by the physician and the physician assistant on forms supplied by the commission. Applications and supporting documents must be on file in the commission office prior to consideration for a license or interim permit.

(2) No physician assistant or physician assistant-surgical assistant shall begin practice without commission approval of the practice plan of that working relationship. Practice plans must be submitted on forms provided by the commission.

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(3) Changes or additions in supervision. In the event that a physician assistant or physician assistant-surgical assistant who is currently credentialed desires to become associated with another physician, he or she must submit a new practice plan. See WAC 246-918-110 regarding termination of working relationship.

[Statutory Authority: RCW 18.71.017, 18.71.050 and chapter 18.71 RCW. 01-18-085, § 246-918-080, filed 9/5/01, effective 10/6/01. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-918-080, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-080, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-080, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-06-077 (Order PM 822), § 308-52-139, filed 3/1/89. Statutory Authority: RCW 18.71.017 and 18.71A.020. 88-21-047 (Order PM 782), § 308-52-139, filed 10/13/88. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-139, filed 2/23/88; 86-12-031 (Order PM 599), § 308-52-139, filed 5/29/86; 82-24-013 (Order PL 412), § 308-52-139, filed 11/19/82; 81-03-078 (Order PL 368), § 308-52-139, filed 1/21/81; 80-15-031 (Order PL-353), § 308-52-139, filed 10/8/80; 78-04-029 (Order PL 285, Resolution No. 78-140), § 308-52-139, filed 3/14/78.]

**WAC 246-918-081 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) Reapply for licensing under current requirements;
- (b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-918-081, filed 2/13/98, effective 3/16/98.]

**WAC 246-918-090 Physician assistant and certified physician assistant utilization.** No physician shall serve as primary supervisor or sponsor for more than three licensees without authorization by the commission.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-090, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-090, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-090, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-140, filed 2/23/88; 86-16-054 (Order PM 609), § 308-52-140, filed 8/1/86; 86-12-031 (Order PM 599), § 308-52-140, filed 5/29/86; 83-07-014 (Order PL 428), § 308-52-140, filed 3/10/83; 82-24-013 (Order PL 412), § 308-52-140, filed 11/19/82; 82-03-022 (Order PL 390), § 308-52-140, filed 1/14/82; 81-03-078 (Order PL 368), § 308-52-140, filed 1/21/81; 78-04-029 (Order PL 285, Resolution No. 78-140), § 308-52-140, filed 3/14/78.]

**WAC 246-918-095 Scope of practice—Osteopathic alternate physician.** The physician assistant licensed under chapter 18.71A RCW practices under the practice plan and prescriptive authority approved by the commission whether the alternate sponsoring physician or alternate supervising physician is licensed under chapter 18.57 or 18.71 RCW.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-095, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71A.020, 18.71A.040 and 18.130.186(2). 94-15-065, § 246-918-095, filed 7/19/94, effective 8/19/94.]

**WAC 246-918-105 Disciplinary action of sponsoring or supervising physician.** To the extent that the sponsoring or supervising physician's practice has been limited by disciplinary action under chapter 18.130 RCW, the physician

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assistant's practice is similarly limited while working under that physician's sponsorship or supervision.

[Statutory Authority: RCW 18.71A.020, 18.71A.040 and 18.130.186(2). 94-15-065, § 246-918-105, filed 7/19/94, effective 8/19/94.]

**WAC 246-918-110 Termination of sponsorship or supervision.** Upon termination of the working relationship, the sponsoring or supervising physician and the licensee are each required to submit a letter to the commission indicating the relationship has been terminated and may summarize their observations of the working relationship. Exceptions to this requirement may be authorized by the commission or its designee.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-110, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-110, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-110, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 86-24-068 (Order PM 627), § 308-52-146, filed 12/3/86.]

**WAC 246-918-120 Remote site—Utilization—Limitations, geographic.** (1) No licensee shall be utilized in a remote site without approval by the commission or its designee. A remote site is defined as a setting physically separate from the sponsoring or supervising physician's primary place for meeting patients or a setting where the physician is present less than twenty-five percent of the practice time of the licensee.

(2) Approval by the commission or its designee may be granted to utilize a licensee in a remote site if:

- (a) There is a demonstrated need for such utilization;
- (b) Adequate provision for timely communication between the primary or alternate physician and the licensee exists;

(c) The responsible sponsoring or supervising physician spends at least ten percent of the practice time of the licensee in the remote site. In the case of part time or unique practice settings, the physician may petition the commission to modify the on-site requirement providing the sponsoring physician demonstrates that adequate supervision is being maintained by an alternate method. The commission will consider each request on an individual basis;

(d) The names of the sponsoring or supervising physician and the licensee shall be prominently displayed at the entrance to the clinic or in the reception area.

(3) No physician assistant holding an interim permit shall be utilized in a remote site setting.

[Statutory Authority: RCW 18.71A.020 and chapter 18.71A RCW. 04-11-100, § 246-918-120, filed 5/19/04, effective 6/30/04. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-120, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-120, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-120, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-147, filed 2/23/88.]

**WAC 246-918-130 Physician assistants.** (1) A physician assistant may perform only those services as outlined in the standardized procedures reference and guidelines established by the commission. If said assistant is being trained to perform additional procedures beyond those established by the commission, the training must be carried out under the

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direct, personal supervision of the supervising physician or a qualified person mutually agreed upon by the supervising physician and the physician assistant. Requests for approval of newly acquired skills shall be submitted to the commission and may be granted by a reviewing commission member or at any regular meeting of the commission.

(2) The physician assistant may not practice in a remote site, or prescribe controlled substances unless specifically approved by the commission or its designee.

(3) A physician assistant may sign and attest to any document that might ordinarily be signed by a licensed physician, to include but not limited to such things as birth and death certificates.

(4) A physician assistant and supervising physician shall ensure that, with respect to each patient, all activities, functions, services and treatment measures are immediately and properly documented in written form by the physician assistant. Every written entry shall be reviewed and countersigned by the supervising physician within two working days unless a different time period is authorized by the commission.

(5) It shall be the responsibility of the physician assistant and the supervising physician to ensure that adequate supervision and review of the work of the physician assistant are provided.

(6) In the temporary absence of the supervising physician, the supervisory and review mechanisms shall be provided by a designated alternate supervisor(s).

(7) The physician assistant, at all times when meeting or treating patients, must wear a badge identifying him or her as a physician assistant.

(8) No physician assistant may be presented in any manner which would tend to mislead the public as to his or her title.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-130, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-130, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-130, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-148, filed 2/23/88.]

**WAC 246-918-140 Certified physician assistants.** (1) A certified physician assistant may perform only those services as outlined in the standardized procedures reference and guidelines established by the commission. If said assistant is being trained to perform additional procedures beyond those established by the commission, the training must be carried out under the direct, personal supervision of the sponsoring physician or a qualified person mutually agreed upon by the sponsoring physician and the certified physician assistant. Requests for approval of newly acquired skills shall be submitted to the commission and may be granted by a reviewing commission member or at any regular meeting of the commission.

(2) A certified physician assistant may sign and attest to any document that might ordinarily be signed by a licensed physician, to include, but not limited to such things as birth and death certificates.

(3) It shall be the responsibility of the certified physician assistant and the sponsoring physician to ensure that appropriate consultation and review of work are provided.

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(4) In the temporary absence of the sponsoring physician, the consultation and review of work shall be provided by a designated alternate sponsor(s).

(5) The certified physician assistant must, at all times when meeting or treating patients, wear a badge identifying him or her as a certified physician assistant.

(6) No certified physician assistant may be presented in any manner which would tend to mislead the public as to his or her title.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-140, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-140, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-140, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-149, filed 2/23/88.]

**WAC 246-918-150 Assistance or consultation with other physicians.**

(1) Physician sponsor. A physician assistant may assist or consult with a physician other than his or her sponsor or alternate concerning the care or treatment of the sponsor's patients, provided it is done with the knowledge and concurrence of the sponsor. The sponsor must maintain on file a written statement which instructs the physician assistant as to who may be assisted or consulted and under what circumstances or if no list is possible, then the method to be used in determining who may be consulted or assisted. The sponsor retains primary responsibility for the performance of his or her physician assistant.

(2) Responsibility of a nonsponsoring physician. A nonsponsoring physician utilizing or advising a physician assistant as indicated in section (1) of this rule, shall assume responsibility for patient services provided by a physician assistant if the physician:

(a) Knowingly requests that patient services be rendered by the physician assistant; or

(b) Knowingly consults with the physician assistant concerning the rendering of patient services.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-150, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 83-03-031 (Order PL 421), § 308-52-150, filed 1/14/83.]

**WAC 246-918-170 Physician assistant and certified physician assistant AIDS prevention and information education requirements.** Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-918-170, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-170, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-170, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-170, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 70.24.270. 89-08-063 (Order PM 831), § 308-52-190, filed 4/3/89.]

**WAC 246-918-171 Renewal and continuing medical education cycle revision.** Beginning January 1, 2000, the one-year renewal cycle for physician assistants will transition to a two-year cycle and two-year continuing medical education cycle. The renewal and continuing medical education will be as follows:

(1) Effective January 1, 2000, any physician assistant whose birth year is an even number will renew their creden-

tial for twenty-four months and every two years thereafter. Those physician assistants must obtain one hundred hours of continuing medical education within the twenty-four months following the date their first two-year license is issued and every two years thereafter.

(2) Effective January 1, 2001, any physician assistant whose birth year is an odd number will renew their credential for twenty-four months and every two years thereafter. Those physician assistants must obtain one hundred hours of continuing medical education within the twenty-four months following the date their first two-year license is issued and every two years thereafter.

[Statutory Authority: RCW 18.71.017, 18.130.050(1), 18.130.040(4), 18.130.050(12) and 18.130.340. 99-23-090, § 246-918-171, filed 11/16/99, effective 1/1/00.]

**WAC 246-918-180 Continuing medical education requirements.** (1) Licensed physician assistants must complete one hundred hours of continuing education every two years as required in chapter 246-12 WAC, Part 7.

(2) In lieu of one hundred hours of continuing medical education the commission will accept a current certification with the National Commission for the Certification of Physician Assistants and will consider approval of other programs as they are developed.

(3) The commission approves the following categories of creditable continuing medical education. A minimum of forty credit hours must be earned in Category I.

- Category I Continuing medical education activities with accredited sponsorship
- Category II Continuing medical education activities with nonaccredited sponsorship and other meritorious learning experience.

(4) The commission adopts the standards approved by the American Academy of Physician Assistants for the evaluation of continuing medical education requirements in determining the acceptance and category of any continuing medical education experience.

(5) It will not be necessary to inquire into the prior approval of any continuing medical education. The commission will accept any continuing medical education that reasonably falls within these regulations and relies upon each licensee's integrity in complying with this requirement.

(6) Continuing medical education sponsors need not apply for nor expect to receive prior commission approval for a formal continuing medical education program. The continuing medical education category will depend solely upon the accredited status of the organization or institution. The number of hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour. The commission relies upon the integrity of the program sponsors to present continuing medical education for licensees that constitutes a meritorious learning experience.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-918-180, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-180, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-180, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-180, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 82-03-022 (Order PL 390), § 308-52-201, filed 1/14/82; 81-03-078 (Order PL 368), § 308-52-201, filed 1/21/81.]

(2005 Ed.)

**WAC 246-918-230 Practice of medicine—Surgical procedures.** The following duties constitute the practice of medicine under chapters 18.71 and 18.71A RCW if performed by persons who are not registered, certified, or licensed by an agency of the state to perform these tasks when utilized by surgeons as assistants and are not otherwise exempted by RCW 18.71.030:

- (1) Assisting surgeons in opening incisions by use of any surgical method including laser, scalpel, scissors, or cautery;
- (2) Assisting surgeons in closing of incisions by use of suture material, staples, or other means;
- (3) Controlling bleeding with direct tissue contact by the clamping and tying of blood vessels, cautery, and surgical clips;
- (4) Suturing or stapling tissue; and
- (5) Tying of closing sutures in any tissues.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-230, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-13-002 (Order PM 850), § 308-52-630, filed 6/8/89, effective 9/30/89.]

**WAC 246-918-250 Basic physician assistant-surgical assistant duties.** The physician assistant-surgical assistant who is not eligible to take the NCCPA certifying exam shall:

- (1) Function only in the operating room as approved by the commission;
- (2) Only be allowed to close skin and subcutaneous tissue, placing suture ligatures, clamping, tying and clipping of blood vessels, use of cautery for hemostasis under direct supervision;
- (3) Not be allowed to perform any independent surgical procedures, even under direct supervision, and will be allowed to only assist the operating surgeon;
- (4) Have no prescriptive authority; and
- (5) Not write any progress notes or order(s) on hospitalized patients, except operative notes.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-250, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71A.020 and 18.71.060. 93-21-016, § 246-918-250, filed 10/11/93, effective 11/11/93. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-250, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-250, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-13-002 (Order PM 850), § 308-52-650, filed 6/8/89, effective 9/30/89.]

**WAC 246-918-260 Physician assistant-surgical assistant—Utilization and supervision.** (1) Responsibility of physician assistant-surgical assistant. The physician assistant-surgical assistant is responsible for performing only those tasks authorized by the supervising physician(s) and within the scope of physician assistant-surgical assistant practice described in WAC 246-918-250. The physician assistant-surgical assistant is responsible for ensuring his or her compliance with the rules regulating physician assistant-surgical assistant practice and failure to comply may constitute grounds for disciplinary action.

(2) Limitations, geographic. No physician assistant-surgical assistant shall be utilized in a place geographically separated from the institution in which the assistant and the supervising physician are authorized to practice.

(3) Responsibility of supervising physician(s). Each physician assistant-surgical assistant shall perform those

tasks he or she is authorized to perform only under the supervision and control of the supervising physician(s), but such supervision and control shall not be construed to necessarily require the personal presence of the supervising physician at the place where the services are rendered. It shall be the responsibility of the supervising physician(s) to insure that:

(a) The operating surgeon in each case directly supervises and reviews the work of the physician assistant-surgical assistant. Such supervision and review shall include remaining in the surgical suite until the surgical procedure is complete;

(b) The physician assistant-surgical assistant shall wear a badge identifying him or her as a "physician assistant-surgical assistant" or "P.A.S.A." In all written documents and other communication modalities pertaining to his or her professional activities as a physician assistant-surgical assistant, the physician assistant-surgical assistant shall clearly denominate his or her profession as a "physician assistant-surgical assistant" or "P.A.S.A.";

(c) The physician assistant-surgical assistant is not presented in any manner which would tend to mislead the public as to his or her title.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-260, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.130.250. 93-11-008 (Order 360B), § 246-918-260, filed 5/5/93, effective 6/5/93. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-260, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified as § 246-918-260, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-13-002 (Order PM 850), § 308-52-660, filed 6/8/89, effective 9/30/89.]

#### WAC 246-918-310 Acupuncture—Definition. (1)

Acupuncture is a traditional system of medical theory, oriental diagnosis and treatment used to promote health and treat organic or functional disorders, by treating specific acupuncture points or meridians. Acupuncture includes the following techniques:

(a) Use of acupuncture needles to stimulate acupuncture points and meridians.

(b) Use of electrical, mechanical or magnetic devices to stimulate acupuncture points and meridians.

(c) Moxibustion.

(d) Acupressure.

(e) Cupping.

(f) Gwa hsa (dermal friction technique).

(g) Infra-red.

(h) Sonopuncture.

(i) Laser puncture.

(j) Dietary advice.

(k) Manipulative therapies.

(l) Point injection therapy (aquapuncture).

These terms are to be understood within the context of the oriental medical art of acupuncture, and as the commission defines them.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-310, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-310, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 83-07-014 (Order PL 428), § 308-52-504, filed 3/10/83; 82-24-013 (Order PL 412), § 308-52-504, filed 11/19/82.]

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**WAC 246-918-990 Fees and renewal cycle. (1)** Licenses must be renewed every two years on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The applicant or licensee must pay the following nonrefundable fees:

Title of Fee	Fee
Physician assistants, certified physician assistants, physician assistant-surgical assistants, acupuncture physician assistants:	
Application*	\$50.00
Two-year renewal*	70.00
Expired license reissuance	35.00
Duplicate license	15.00
Impaired physician program surcharge	25.00
*(assessed at \$25.00 on each application and for each year of the renewal period as required in RCW 18.71.310(2))	

[Statutory Authority: RCW 18.71.017, 18.71A.020 and 43.70.280. 02-05-009, § 246-918-990, filed 2/8/02, effective 3/11/02. Statutory Authority: RCW 18.71.017, 18.130.050(1), 18.130.040(4), 18.130.050(12) and 18.130.340. 99-23-090, § 246-918-990, filed 11/16/99, effective 1/1/00. Statutory Authority: RCW 18.71.017 and 18.71A.020(3). 99-13-087, § 246-918-990, filed 6/14/99, effective 7/15/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-918-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-918-990, filed 1/17/96, effective 2/17/96. Statutory Authority: RCW 43.70.040. 91-06-027 (Order 131), § 246-918-990, filed 2/26/91, effective 3/29/91.]

### Chapter 246-919 WAC

#### MEDICAL QUALITY ASSURANCE COMMISSION

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246-919-840	How do advanced registered nurse practitioners qualify for prescriptive authority for Schedule II - IV drugs?	246-919-350	Examinations. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-350, filed 1/17/96, effective 2/17/96.] Repealed by 03-20-109, filed 10/1/03, effective 11/1/03. Statutory Authority: RCW 18.71.017.
246-919-841	Criteria for joint practice arrangement.		
246-919-842	Endorsement of joint practice arrangements for ARNP licensure.	246-919-400	Scope. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-400, filed 1/17/96, effective 2/17/96.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
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246-919-990	Physician and surgeon fees and renewal cycle.	246-919-410	License renewal. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-410, filed 1/17/96, effective 2/17/96.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
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246-919-030	Current address. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-030, filed 1/17/96, effective 2/17/96.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.	246-919-420	License renewal form. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-420, filed 1/17/96, effective 2/17/96.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
246-919-100	Panel composition. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-100, filed 1/17/96, effective 2/17/96.] Repealed by 03-20-109, filed 10/1/03, effective 11/1/03. Statutory Authority: RCW 18.71.017.	246-919-440	Certification of compliance. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-440, filed 1/17/96, effective 2/17/96.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
246-919-120	Appearance and practice before agency—Solicitation of business unethical. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-120, filed 1/17/96, effective 2/17/96.] Repealed by 03-20-109, filed 10/1/03, effective 11/1/03. Statutory Authority: RCW 18.71.017.	246-919-500	Brief adjudicative proceedings—Denials based on failure to meet education, experience, or examination prerequisites for licensure. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-500, filed 1/17/96, effective 2/17/96.] Repealed by 98-09-118, filed 4/22/98, effective 5/23/98. Statutory Authority: RCW 18.71.017.
246-919-130	Appearance and practice before agency—Standards of ethical conduct. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-130, filed 1/17/96, effective 2/17/96.] Repealed by 03-20-109, filed 10/1/03, effective 11/1/03. Statutory Authority: RCW 18.71.017.	246-919-510	Adjudicative proceedings. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-510, filed 1/17/96, effective 2/17/96.] Repealed by 98-09-118, filed 4/22/98, effective 5/23/98. Statutory Authority: RCW 18.71.017.
246-919-140	Appearance and practice before agency—Appearance by former member of attorney general's staff. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-140, filed 1/17/96, effective 2/17/96.] Repealed by 03-20-109, filed 10/1/03, effective 11/1/03. Statutory Authority: RCW 18.71.017.	246-919-720	Health care institutions. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-720, filed 1/17/96, effective 2/17/96.] Repealed by 03-20-109, filed 10/1/03, effective 11/1/03. Statutory Authority: RCW 18.71.017.
246-919-150	Appearance and practice before agency—Former employee and board/commission member as witness. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-150, filed 1/17/96, effective 2/17/96.] Repealed by 03-20-109, filed 10/1/03, effective 11/1/03. Statutory Authority: RCW 18.71.017.		
246-919-200	Petitions for rule making, amendment or repeal—Who may petition. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-200, filed 1/17/96, effective 2/17/96.] Repealed by 96-19-042, filed 9/12/96, effective 10/13/96. Statutory Authority: RCW 18.71.017.		
246-919-210	Petitions for rule making, amendment or repeal—Requirements. [Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-210, filed 1/17/96, effective 2/17/96.] Repealed by 96-19-042, filed 9/12/96, effective 10/13/96. Statutory Authority: RCW 18.71.017.		

**WAC 246-919-010 Definitions.** (1) "Commission" means the Washington state medical quality assurance commission.

(2) "Applicant" is an individual who has completed the application form and has paid the application fee.

(3) "Physician" means a physician licensed pursuant to chapter 18.71 RCW.

(4) "Unprofessional conduct" as used in these regulations shall mean the conduct described in RCW 18.71.0193 for conduct occurring before June 11, 1986, and the conduct described in RCW 18.130.180 for conduct occurring on or after June 11, 1986.

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

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

(7) "Mentally or physically disabled physician" means a physician who has either been determined by a court to be mentally incompetent or mentally ill or who is unable to practice medicine with reasonable skill and safety by reason of any mental or physical condition.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-010, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-020 Commission address.** The commission's official mailing address is:

Medical Quality Assurance Commission  
Department of Health  
P.O. Box 47866  
Olympia, WA 98504-7866

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-020, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-110 Commission meetings.** Regular commission meetings shall be held at least four times yearly. Additional regular or special meetings may be called at the discretion of the chair or by a quorum of the commission.

[Statutory Authority: RCW 18.71.017. 04-04-067, § 246-919-110, filed 2/2/04, effective 3/4/04. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-110, filed 1/17/96, effective 2/17/96.]

## APPLICATIONS AND EXAMINATIONS

**WAC 246-919-300 Application withdrawals.** An application for a license may not be withdrawn after the commission or the reviewing commission member determines that grounds exist for denial of the license or for the issuance of a conditional license. Applications which are subject to investigation for unprofessional conduct or impaired practice may not be withdrawn.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-300, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-310 Credentialing of physicians and surgeons.** All completed applications, for either limited or full licensure, must be reviewed by a member of the commission or a designee authorized in writing by the commission prior to examination and/or licensure.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-310, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-320 Approved United States and Canadian medical schools.** For the purposes of the Medical Practice Act, the commission approves those medical schools accredited by the Liaison Committee on Medical Education.

[Statutory Authority: RCW 18.71.017. 04-04-067, § 246-919-320, filed 2/2/04, effective 3/4/04. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-320, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-330 Postgraduate medical training defined.** (1) For the purposes of this chapter, postgraduate medical training means clinical training approved by the

commission in general medicine or surgery, or a recognized specialty or subspecialty in the field of medicine or surgery. The training must be acquired after completion of a formal course of undergraduate medical instruction outlined in RCW 18.71.055. Only satisfactory clinical performance evaluations will be accepted. This definition includes, but is not limited to, internships, residencies and fellowships in medical or surgical subjects.

(2) The commission approves only the following postgraduate clinical training courses:

(a) Programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) which are listed in the 1984-85 directory of residency programs, or programs approved by the Accreditation Council at the time of residency.

(b) Programs accredited by the Royal College of Physicians and Surgeons of Canada (RCPS(C)) or the College of Family Physicians of Canada (CFPC), or programs accredited by the RCPS(C) or CFPC at the time of residency.

[Statutory Authority: RCW 18.71.017, 18.71.050 and chapter 18.71 RCW. 01-18-087, § 246-919-330, filed 9/5/01, effective 10/6/01. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-330, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-340 Additional requirements for international medical school graduates.** All graduates of medical schools outside the United States, Canada, or Puerto Rico must have either:

(1) Been licensed in another state prior to 1958;

(2) Obtained a certificate with an indefinite status granted by the Educational Commission for Foreign Medical Graduates (ECFMG); or

(3) Successfully completed one year of supervised academic clinical training in the United States, commonly referred to as a Fifth Pathway program.

[Statutory Authority: RCW 18.71.017, 18.71.050 and chapter 18.71 RCW. 01-18-086, § 246-919-340, filed 9/5/01, effective 10/6/01. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-340, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-355 Examination scores.** Examinations accepted by the Washington state medical quality assurance commission:

(1) The commission adopts the United States Medical Licensing Examination (USMLE) as the examination accepted by the commission.

(2) The minimal passing scores for each component of any approved examination combination shall be a score of seventy-five as defined by the examining authority.

(3) Applicants who do not pass Step 3 of the USMLE examination after three sittings within seven years after passing the first examination, either Step 1 or Step 2, or acceptable combination, shall demonstrate evidence satisfactory to the commission of having completed a remedial or refresher medical course approved by the commission prior to being permitted to sit for the examination again. Applicants who do not pass after the fourth sitting may not sit for another examination without completing an additional year of postgraduate training or satisfying any other conditions specified by the commission.

(4) To be eligible for USMLE Step 3, the applicant must:

(a) Have obtained the M.D. degree;

(b) Have successfully completed the Federation Licensure Examination (FLEX) Component 1 or both National Boards Examination (NBE) Parts I and II or USMLE Steps 1 and 2 or NBE Part I and USMLE Step 2 or Step 1 and NBE Part II; and

(c) Be certified by the ECFMG if a graduate of an international medical school, or have successfully completed a fifth pathway program; and postgraduate training year in a program of graduate medical education accredited by the Accreditation Council for Graduate Medical Education.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-355, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-360 Examinations accepted for reciprocity or waiver.** (1) The commission may accept certain examinations as a basis for licensure. These examinations include USMLE, FLEX, NBE, or those given by the other states, or territories of the United States, with the exception of Florida and Hawaii. Those who have taken the Licentiate of the Medical Council of Canada (L.M.C.C.) and holds a valid LMCC certification obtained after 1969, may be granted a license without examination.

(2) Examination combination acceptable. Any applicant who has successfully completed Part I (NBE) or Step 1 (USMLE) plus Part II or Step 2 plus Part III or Step 3; or FLEX Component 1 plus Step 3; or Part I or Step 1, plus Part II or Step 2, plus FLEX Component 2 shall be deemed to have successfully completed a medical licensure examination as required by RCW 18.71.070. (For clarification, see Table 1.)

Accepted Examinations taken in Sequence	Other Acceptable Combinations
NBME Part I <i>plus</i> NBME Part II <i>plus</i> NBME Part III	NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> NBME Part III or USMLE Step 3
FLEX Component 1 <i>plus</i> FLEX Component 2	FLEX Component 1 <i>plus</i> USMLE Step 3  or  NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> FLEX Component 2

Accepted Examinations taken in Sequence	Other Acceptable Combinations
USMLE Step 1 <i>plus</i> USMLE Step 2 <i>plus</i> USMLE Step 3	

[Statutory Authority: RCW 18.71.017. 04-04-067, § 246-919-360, filed 2/2/04, effective 3/4/04. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-360, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-365 FLEX examination standards.** Reciprocity applicants who were licensed in another state by passing the FLEX examination will be eligible for a waiver of examination if the applicant received a FLEX weighted average score of at least 75. The score may be obtained in a single setting of the three-day examination or by averaging the individual day scores from different examinations. The individual day scores will be averaged according to the following formula:

- Day 1 equals 1/6.
- Day 2 equals 2/6.
- Day 3 equals 3/6.

The overall average score shall be truncated to the nearest whole number (i.e., an average of 74.9 equals 74). Single subject averaging is not permitted. The commission will accept the FLEX weighted average of 75 reported from the Federation of State Medical Boards. All FLEX scores must be submitted directly from the Federation of State Medical Boards. FLEX scores reported by other states will not be accepted.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-365, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-370 Special purpose examination.** (1) The commission may require an applicant or licensee to pass the Special Purpose Examination (SPEX) or any other examination deemed appropriate. An applicant or licensee may be required to take an examination when the commission has concerns with the applicant's or licensee's ability to practice competently for reasons which may include, but are not limited to, the following:

- (a) Resolved or pending malpractice suits;
- (b) Pending action by another state licensing authority;
- (c) Actions pertaining to privileges at any institution; or
- (d) Not having practiced for an interval of time.

(2) The minimum passing score on the SPEX examination shall be seventy-five. The passing score for any other examination under this rule shall be determined by the commission.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-370, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-380 AIDS prevention and information education requirements.** Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-919-380, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-380, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-390 Temporary permits—Recognized jurisdictions.** (1) For the issuance of temporary permits under RCW 18.130.075 to applicants who graduated from a school of medicine located in any state, territory, or possession of the United States, the District of Columbia, or the Dominion of Canada prior to July 28, 1985, the following jurisdictions are deemed to have licensing standards substantially equivalent to Washington state's licensing standards: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin, and Wyoming.

(2) For the issuance of temporary permits under RCW 18.130.075 to applicants who graduated from a school of medicine located in any state, territory, or possession of the United States, the District of Columbia, or the Dominion of Canada after July 28, 1985, the following jurisdictions are deemed to have licensing standards substantially equivalent to Washington state's licensing standards: Connecticut, Maine, Michigan, Nevada, and New Hampshire.

(3) For the issuance of temporary permits under RCW 18.130.075 to applicants who graduated from a school of medicine located outside the states, territories, and possessions of the United States, the District of Columbia, or the Dominion of Canada prior to July 28, 1985, the following jurisdictions are deemed to have licensing standards substantially equivalent to Washington state's licensing standards: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin, and Wyoming.

(4) For the issuance of temporary permits under RCW 18.130.075 to applicants who graduated from a school of medicine located outside the states, territories, and possessions of the United States, the District of Columbia, or the Dominion of Canada after July 28, 1985, the following jurisdictions are deemed to have licensing standards substantially equivalent to Washington state's licensing standards: Arizona, Colorado, Connecticut, Delaware, Georgia, Hawaii, Idaho, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, Tennessee, Texas, Virginia, West Virginia, and Wyoming.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-390, filed 1/17/96, effective 2/17/96.]

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**WAC 246-919-395 Temporary permits—Issuance and duration.** (1) Upon submission of a completed license application form on which the applicant indicates that he or she wishes to receive a temporary practice permit; payment of the application fee and temporary practice permit fee; receipt of the American Medical Association's physicians' data profile verifying states in which the applicant is or was licensed; receipt of disciplinary action data bank report from the Federation of State Medical Boards and receipt of written verification attesting that the applicant has a license in good standing and is not subject to charges or disciplinary action for unprofessional conduct or impairment from all states which the applicant is or was licensed, the applicant shall be issued a temporary practice permit unless there is a basis for denial of the license or issuance of a conditional license.

(2) The temporary permit shall expire upon the issuance of a license by the commission; initiation of an investigation by the commission of the applicant; or ninety days, whichever occurs first.

(3) An applicant who receives a temporary practice permit and who does not complete the application process may not receive additional temporary practice permits even upon submission of a new application in the future.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-395, filed 1/17/96, effective 2/17/96.]

## RENEWAL AND CME REQUIREMENTS

**WAC 246-919-421 Renewal and continuing medical education cycle revision.** Beginning January 1, 2000, the one-year renewal cycle for physicians will transition to a two-year cycle and a four-year continuing medical education reporting cycle. The renewal and continuing medical education reporting cycle will be as follows:

(1) Effective January 1, 2000, any physician whose birth year is an even number will renew their credential for twenty-four months and every two years thereafter. Those physicians must obtain two hundred hours of continuing medical education within the next forty-eight months from the date of the initial two-year license and every four years thereafter.

(2) Effective January 1, 2001, any physician whose birth year is an odd number will renew their credential for twenty-four months and every two years thereafter. Those physicians must obtain two hundred hours of continuing medical education within the next forty-eight months from the date of the initial two-year license and every four years thereafter.

(3) Effective January 1, 2000, in order to attain full license status, individuals with a post-graduate limited license will pay the fee difference between the limited license application and the full license application. This license will expire on their second birthdate after issuance and every two years thereafter.

(4) Effective January 1, 2000, those physicians on a retired active status will remain on the annual renewal cycle and a four-year continuing medical education reporting cycle. Those retired active physicians must report two hundred hours of continuing medical education within the next forty-eight months and every four years thereafter.

[Statutory Authority: RCW 18.71.017, 18.130.050(1), 18.130.040(4), 18.130.050(12) and 18.130.340. 99-23-090, § 246-919-421, filed 11/16/99, effective 1/1/00.]

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**WAC 246-919-430 General requirements.** (1) Licensed physicians must complete two hundred hours of continuing education every four years as required in chapter 246-12 WAC, Part 7.

(2) In lieu of the two hundred hours of continuing medical education, the commission will accept a current Physician's Recognition Award from the American Medical Association or a current certificate from any specialty board approved by the American Board of Medical Specialties (ABMS) which is considered by the specialty board as equivalent to the two hundred hours of continuing medical education required under WAC 246-919-430(1). The commission will also accept certification or recertification by a specialty board as the equivalent of two hundred hours of continuing medical education. A list of the approved specialty boards are designated in the *1995 Official American Boards of Medical Specialty Director of Board Certified Medical Specialist* and will be maintained by the commission. The list shall be made available upon request. The certification or recertification must be obtained in the four years preceding application for renewal.

[Statutory Authority: RCW 18.71.017, 18.130.050(1), 18.130.040(4), 18.130.050(12) and 18.130.340. 99-23-090, § 246-919-430, filed 11/16/99, effective 1/1/00. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-919-430, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-430, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-450 Categories of creditable continuing medical education activities.** The following are categories of creditable continuing medical education activities approved by the commission:

- Category I Continuing medical education activities with accredited sponsorship
- Category II Continuing medical education activities with nonaccredited sponsorship (maximum of eighty hours)
- Category III Teaching of physicians or other allied health professionals (maximum of eighty hours)
- Category IV Books, papers, publications, exhibits (maximum of eighty hours)
- Category V Self-directed activities: Self-assessment, self-instruction, specialty board examination preparation, quality of care and/or utilization review (maximum of eighty hours).

[Statutory Authority: RCW 18.71.017, 18.130.050(1), 18.130.040(4), 18.130.050(12) and 18.130.340. 99-23-090, § 246-919-450, filed 11/16/99, effective 1/1/00. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-450, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-460 Continuing medical education requirement.** (1) The credits must be earned in the forty-eight-month period preceding application for renewal of licensure.

(2) **Category I: Continuing medical education activities with accredited sponsorship.** The commission has approved the standards adopted by the Accreditation Council for Continuing Medical Education or its designated interstate accrediting agency, the Washington State Medical Association

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tion, in accrediting organizations and institutions offering continuing medical education programs, and will accept attendance at such programs offered by organizations and institutions offering continuing medical education programs, and will accept attendance at such programs offered by organizations and institutions so recognized as Category I credit towards the licensee's continuing medical education requirement for annual renewal of licensure. The licensee may earn all two hundred credit hours in Category I.

(3) **Category II: Continuing medical education activities with nonaccredited sponsorship.** A maximum of eighty credit hours may be earned by attendance at continuing medical education programs that are not approved in accordance with the provisions of Category I.

(4) **Category III: Teaching of physicians or other allied health professionals.** A maximum of eighty credit hours may be earned for serving as an instructor of medical students, house staff, other physicians or allied health professionals from a hospital or institution with a formal training program if the hospital or institution has approved the instruction.

(5) **Category IV: Books, papers, publications, exhibits.**

(a) A maximum of eighty credit hours may be earned under Category IV, with specific subcategories listed below. Credit may be earned only during the forty-eight-month period following presentations or publications.

(b) Ten credit hours may be claimed for a paper, exhibit, publication, or for each chapter of a book that is authored and published. A paper must be published in a recognized medical journal. A paper that is presented at a meeting or an exhibit that is shown must be to physicians or allied health professionals. Credit may be claimed only once for the scientific materials presented. Credit should be claimed as of the date materials were presented or published.

Medical editing can not be accepted in this or any other category for credit.

(6) **Category V: Self-directed activities.**

(a) A maximum of eighty credit hours may be earned under Category V.

(b) Self-assessment: Credit hours may be earned for completion of a multimedia medical education program.

(c) Self-instruction: Credit hours may be earned for the independent reading of scientific journals and books.

(d) Specialty board examination preparation: Credit hours may be earned for preparation for specialty board certification or recertification examinations.

(e) Quality care and/or utilization review: Credit hours may be earned for participation on a staff committee for quality of care and/or utilization review in a hospital or institution or government agency.

[Statutory Authority: RCW 18.71.017, 18.130.050(1), 18.130.040(4), 18.130.050(12) and 18.130.340. 99-23-090, § 246-919-460, filed 11/16/99, effective 1/1/00. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-919-460, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-460, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-470 Approval not required.** (1) The commission will not give prior approval for any continuing medical education. The commission will accept any continu-

ing medical education that reasonably falls within these regulations and relies upon each individual physician's integrity in complying with this requirement.

(2) The commission will not give prior approval for any formal continuing medical education program. The continuing medical education category will depend solely upon the accredited status of the organization or institution. The number of creditable hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour. The commission relies upon the integrity of program sponsors to present continuing medical education that constitutes a meritorious learning experience.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-470, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-475 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) Reapply for licencing under current requirements as stipulated in RCW 18.71.050 (1)(b) and WAC 246-919-330; and

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

[Statutory Authority: RCW 18.71.017. 01-03-115, § 246-919-475, filed 1/22/01, effective 2/22/01.]

**WAC 246-919-480 Retired active credential.** (1) A practitioner may obtain a retired active credential. Refer to the requirements of chapter 246-12 WAC, Part 5.

(2) The practitioner's practice is limited to providing health care services without compensation;

(3) Services are provided in community clinics located in the state of Washington that are operated by public or private tax-exempt corporations; and

(4) Services must be limited to primary care.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-919-480, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-480, filed 1/17/96, effective 2/17/96.]

## ADJUDICATIVE PROCEDURES

**WAC 246-919-520 Revocation of a physician's license.** This section sets forth the procedure by which a respondent may request a review by the medical quality assurance commission of its decision to revoke the respondent's license under RCW 18.71.019:

(1) If the commission issues a final order revoking a respondent's license following an adjudicative proceeding, the respondent may request a review of the decision by a review panel of the commission.

(2) The respondent shall file a written request with the commission within twenty days of effective date of the final order. The respondent may not request an extension of the twenty-day period to file a request for review.

(3) The respondent's request for review of the final order does not change the effective date of the final order.

(4) A review panel shall review the final order. The review panel is composed of the members of the commission who did not:

(a) Review the initial investigation and make the decision to issue a statement of charges against the respondent in this matter; or

(b) Hear the evidence at the adjudicative proceeding and issue the final order revoking the respondent's license.

(5) Within seven days of receipt of the request for review of the final order, a scheduling order is issued setting a date for the review hearing, and a date for the filing of written argument by the parties. The review hearing must take place within sixty days of the respondent's request for review of the final order.

(6) The review panel shall convene in person for the review hearing on the date set in the scheduling order. If a commission member is unavailable to meet on the scheduled date, a pro tempore member shall take that person's place on the review panel. At the review hearing, the review panel:

(a) Shall review the final order;

(b) Shall review written argument presented by the parties; and

(c) May hear oral argument by the parties.

(7) If the review panel determines that revocation of the respondent's license is not the appropriate sanction, it shall issue an amended order setting the appropriate sanction(s) necessary to protect the public.

(8) If the review panel determines that revocation of the respondent's license is appropriate, it shall issue an order confirming that decision.

[Statutory Authority: RCW 18.71.019. 97-21-053, § 246-919-520, filed 10/13/97, effective 11/13/97.]

## STANDARDS FOR PROFESSIONAL CONDUCT

**WAC 246-919-600 Prescriptions—Schedule II stimulant drugs.** (1) A physician shall be guilty of unprofessional conduct if he or she prescribes, orders, dispenses, administers, supplies or otherwise distributes any amphetamines or other Schedule II nonnarcotic stimulant drug to any person except for the therapeutic treatment of:

(a) Narcolepsy;

(b) Hyperkinesia;

(c) Brain dysfunction of sufficiently specific diagnosis, or etiology which clearly indicates the need for these substances in treatment or control;

(d) Epilepsy;

(e) Differential psychiatric evaluation of depression; or

(f) Depression shown to be refractory of other therapeutic modalities; or for the clinical investigation of the effects of such drugs or compounds in which case an investigative protocol must be submitted to and reviewed and approved by the commission before the investigation has begun.

(2) A physician prescribing or otherwise distributing controlled substances as permitted by subsection (1) of this section shall maintain a complete record which must include:

(a) Documentation of the diagnosis and reason for prescribing; and

(b) Name, dose, strength, and quantity of drug, and the date prescribed or distributed.

(3) The records required by subsection (2) of this section shall be made available for inspection by the commission or its authorized representative upon request.

(4) Schedule II stimulant drugs shall not be dispensed or prescribed for the treatment or control of exogenous obesity.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-600, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-610 Use of drugs or autotransfusion to enhance athletic ability.** (1) A physician shall not prescribe, administer or dispense anabolic steroids, growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), other hormones, or any form of autotransfusion for the purpose of enhancing athletic ability.

(2) A physician shall complete and maintain patient medical records which accurately reflect the prescribing, administering or dispensing of any substance or drug described in this rule or any form of autotransfusion. Patient medical records shall indicate the diagnosis and purpose for which the substance, drug or autotransfusion is prescribed, administered or dispensed and any additional information upon which the diagnosis is based.

(3) A violation of any provision of this rule shall constitute grounds for disciplinary action under RCW 18.130.180 (7). A violation of subsection (1) of this section shall also constitute grounds for disciplinary action under RCW 18.130.180(6).

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-610, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-620 Cooperation with investigation.**

(1) A licensee must comply with a request, under RCW 70.02.050, for health care records or documents from an investigator who is acting on behalf of the disciplining authority pursuant to RCW 18.130.050(2) by submitting the requested items within fourteen calendar days of receipt of the request by the licensee or the licensee's attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator shall contact the licensee or the licensee's attorney by letter as a reminder.

(a) Investigators may extend the time for response if the licensee requests an extension for a period not to exceed seven calendar days. Other requests for extension may be granted by the commission chair or the commission's designee.

(b) If the licensee fails to comply with the request within three business days after the receipt of the written reminder, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(2) A licensee must comply with a request for nonhealth care records or documents from an investigator who is acting on behalf of the commission pursuant to RCW 18.130.050(2) by submitting the requested items within fourteen calendar days of receipt of the request by the licensee or the licensee's attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator shall contact the licensee or the licensee's attorney by letter as a reminder.

(a) Investigators may extend the time for response if the licensee requests an extension for a period not to exceed seven calendar days. Other requests for extension may be

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granted by the commission chair or the commission's designee.

(b) If the licensee fails to comply with the request within three business days after the receipt of the written reminder, then a subpoena shall be served upon the licensee to obtain the requested items.

(c) If the licensee fails to comply with the subpoena, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, then those charges may be included in the statement of charges.

(3) A licensee must comply with a request for information from an investigator who is acting on behalf of the commission pursuant to RCW 18.130.050(2). This information may include, but is not limited to, an explanation of the matter under investigation, curriculum vitae, continuing medical education credits, malpractice action summaries, or hospital affiliations. The licensee will submit the requested information within fourteen calendar days of receipt of the request by the licensee or the licensee's attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator shall contact the licensee or the licensee's attorney by letter as a reminder.

(a) Investigators may extend the time for response if the licensee requests an extension for a period not to exceed seven calendar days. Other requests for extension may be granted by the commission chair or the commission's designee.

(b) If the licensee fails to comply with the written reminder within three business days after the receipt of the reminder, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, then those charges may be included in the statement of charges.

(4) In negotiating a settlement on a statement of charges based on RCW 18.130.180(8), the reviewing commission member may take into consideration whether the licensee has complied with the request after the statement of charges has been issued. Any settlement proposal shall be presented to the commission or a duly constituted panel of the commission for a decision on ratification and until ratified, the settlement is not final.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-620, filed 1/17/96, effective 2/17/96.]

**MANDATORY REPORTING**

**WAC 246-919-700 Mandatory reporting.** (1) All reports required by these regulations shall be submitted to the commission as soon as possible, but not later than sixty days after a determination is made.

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

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

(b) The name, address and telephone numbers of the physician being reported;

(c) The case number of any patient 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; and

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

(3) The mandatory reporting shall not act as a waiver of confidentiality of medical records and committee reports. The information reported or disclosed shall be kept for the confidential use of the commission as provided in the Uniform Disciplinary Act and shall not be subject to subpoena or discovery proceedings in any civil action as provided in RCW 4.24.250, and shall be exempt from public disclosure pursuant to chapter 42.17 RCW except for review as provided in RCW 18.71.0195.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-700, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-710 Mandatory reporting requirement satisfied.** The requirement for a report to the commission under RCW 18.71.0193(1) may be satisfied by submitting the report to the impaired physician program approved by the commission under this chapter.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-710, filed 1/17/96, effective 2/17/96.]

#### **WAC 246-919-730 Medical associations or societies.**

The president or chief executive officer of any medical association or society within this state shall report to the commission when a medical society hearing panel or committee determines that a physician has committed unprofessional conduct or that a physician may not be able to practice medicine with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety or welfare. The report required by this subsection shall be made without regard to whether the license holder appeals, accepts or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-730, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-740 Health care service contractors and disability insurance carriers.** The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A and 48.44 RCW operating in the state of Washington, shall report to the commission all final determinations that a physician has engaged in flagrant overcharging for medical services or has flagrantly engaged in overutilization of medical services or has charged fees for medical services not actually provided.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-740, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-750 Courts.** The commission requests the assistance of all clerks of trial courts within the state to report all medical malpractice judgments and all convictions

of licensed medical doctors, other than minor traffic violations.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-750, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-760 State and federal agencies.** The commission requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a physician is employed to provide patient care services, to report to the commission whenever such a physician has been judged to have demonstrated his/her incompetency or negligence in the practice of medicine, or has otherwise committed unprofessional conduct; or is a mentally or physically disabled physician.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-760, filed 1/17/96, effective 2/17/96.]

**WAC 246-919-770 Professional standards review organizations.** When authorized by federal law, every professional standards review organization operating within the state of Washington shall report to the commission any determinations that a physician has engaged or is engaging in consistent, excessive utilization of any medical or surgical test, treatment or procedure when such procedures are clearly not called for under the circumstances in which such services were provided.

[Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-770, filed 1/17/96, effective 2/17/96.]

## **PAIN MANAGEMENT**

**WAC 246-919-800 Purpose.** (1) The medical quality assurance commission recognizes that effective pain management is an essential component of quality medical care and that no single approach to the treatment of pain is exclusively correct.

(2) The commission wishes to reassure practitioners that they need not fear disciplinary action from the commission for prescribing, dispensing, or administering opioids when treating pain so long as the care provided is consistent with currently acceptable medical practices. This includes acute, chronic and intractable pain (RCW 69.50.308(g)).

(3) While many other medications may be appropriate in the treatment of pain, these regulations specifically address the use of opioids. As used in these regulations, the term opioid means any natural or synthetic medication that has morphine like activity.

[Statutory Authority: RCW 18.71.017, 18.130.050(1) and (12) and 18.130.340. 99-22-090, § 246-919-800, filed 11/2/99, effective 12/3/99.]

**WAC 246-919-810 What specific guidance should a practitioner follow?** (1) The commission has adopted guidelines for the management of pain in order to acquaint practitioners with recognized national standards in the field of pain treatment.

(2) These guidelines specifically address the patient evaluation and treatment plan, informed consent, periodic reviews, use of consultations, and the necessity for maintaining accurate and complete medical records.

(3) These guidelines may be revised from time to time to reflect changes in the practice of pain management.

(4) Practitioners who cannot or choose not to treat patients who have complex or chronic pain conditions should offer appropriate referrals for those patients.

[Statutory Authority: RCW 18.71.017, 18.130.050(1) and (12) and 18.130.340. 99-22-090, § 246-919-810, filed 11/2/99, effective 12/3/99.]

**WAC 246-919-820 What knowledge should a practitioner possess to treat pain patients?** Practitioners treating pain should be:

- (1) Knowledgeable about the complex nature of pain;
- (2) Familiar with the pain treatment terms used in the commission's pain treatment guidelines; and
- (3) Knowledgeable about acceptable pain treatment modalities.

[Statutory Authority: RCW 18.71.017, 18.130.050(1) and (12) and 18.130.340. 99-22-090, § 246-919-820, filed 11/2/99, effective 12/3/99.]

**WAC 246-919-830 How will the commission evaluate prescribing for pain?** (1) The practitioner's treatment will be evaluated by a review of the provided care to see if it is clinically sound and in accordance with currently acceptable medical practice regarding the treatment of pain.

(2) No disciplinary action will be taken against a practitioner based solely on the quantity and/or frequency of opioids prescribed.

[Statutory Authority: RCW 18.71.017, 18.130.050(1) and (12) and 18.130.340. 99-22-090, § 246-919-830, filed 11/2/99, effective 12/3/99.]

#### **PRACTICE AGREEMENTS WITH ADVANCED REGISTERED NURSE PRACTITIONERS**

**WAC 246-919-840 How do advanced registered nurse practitioners qualify for prescriptive authority for Schedule II - IV drugs?** Applicants must:

- (1) Hold a valid and unrestricted registered nurse license.
- (2) Hold or be eligible for an advanced registered nurse practitioner license with authority for legend drugs and Schedule V drugs. (See also WAC 246-840-410.) As noted in RCW 18.79.250, each advanced registered nurse practitioner prescribes within his or her scope of practice for a particular license specialty.
- (3) Have a joint practice arrangement that meets requirements of WAC 246-919-841 with a physician or physicians licensed under chapter 18.71 or 18.57 RCW who holds a license without restrictions related to prescribing scheduled drugs.

(4) Submit a completed application form for Schedule II - IV endorsement on a form provided by the department of health, nursing care quality assurance commission accompanied by a fee as specified in WAC 246-840-990.

[Statutory Authority: RCW 18.71.017 and 18.71.370. 01-16-010, § 246-919-840, filed 7/19/01, effective 8/19/01.]

**WAC 246-919-841 Criteria for joint practice arrangement.** The joint practice arrangement shall include:

- (1) The names of both the licensed advanced registered nurse practitioner and the licensed physician, both license numbers and both practice addresses;
- (2) A written agreement that describes how collaboration will occur between the practitioners; and

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(3) The description of the collaboration will vary according to the relationship between the advanced registered nurse practitioner and physician, but must include a description of:

- (a) When the advanced registered nurse practitioner will consult with a physician;
- (b) How consultation will occur (e.g., face-to-face, phone, fax, e-mail, etc.);
- (c) How consultation will be documented.
- (4) Joint practice arrangements may be made with more than one physician.

[Statutory Authority: RCW 18.71.017 and 18.71.370. 01-16-010, § 246-919-841, filed 7/19/01, effective 8/19/01.]

**WAC 246-919-842 Endorsement of joint practice arrangements for ARNP licensure.** (1) The joint practice arrangement shall be submitted by the advanced registered nurse practitioner to the department of health, nursing care quality assurance commission at the time of initial licensure or endorsement and biennially with renewal.

(2) A notice of the joint practice arrangement shall be forwarded by the nursing care quality assurance commission to either the medical quality assurance commission or to the board of osteopathic medicine and surgery for review to assure the physician's license is unrestricted. The medical quality assurance commission or the board of osteopathic medicine and surgery will notify the nursing care quality assurance commission in the event a physician who has signed a joint practice arrangement, has a license with restrictions related to prescribing scheduled drugs.

(3) The advanced registered nurse practitioner can only begin prescribing Schedule II - IV drugs after his or her license endorsement has been issued and he or she has obtained the appropriate Drug Enforcement Administration registration.

[Statutory Authority: RCW 18.71.017 and 18.71.370. 01-16-010, § 246-919-842, filed 7/19/01, effective 8/19/01.]

**WAC 246-919-843 Process for joint practice arrangement termination.** (1) The joint practice arrangement between the advanced registered nurse practitioner and the physician shall provide for written notice of termination of the arrangement. The nursing care quality assurance commission shall be notified of the termination. Once the joint practice arrangement is terminated, the advanced registered nurse practitioner must submit a new joint practice arrangement before resuming prescribing Schedule II - IV drugs.

(2) The nursing care quality assurance commission will notify either the medical quality assurance commission or the board of osteopathic medicine and surgery that the joint practice arrangement has been terminated.

(3) A joint practice arrangement may be terminated as a result of disciplining action taken by a disciplining authority.

(4) In the event either the advanced registered nurse practitioner or the physician is disciplined, the disciplining authority for the other party will be notified that the joint practice arrangement no longer exists due to disciplinary action.

(5) If an advanced registered nurse practitioner has multiple approved joint practice arrangements and one is terminated, he or she may continue to prescribe Schedule II - IV drugs under the other joint practice arrangement(s).

[Statutory Authority: RCW 18.71.017 and 18.71.370. 01-16-010, § 246-919-843, filed 7/19/01, effective 8/19/01.]

**WAC 246-919-844 Seventy-two-hour limit.** (1) Advanced registered nurse practitioners can dispense up to a seventy-two-hour supply of Schedule II - IV drugs.

(2) The seventy-two-hour limit on dispensing does not apply to prescribing Schedule II - IV drugs.

[Statutory Authority: RCW 18.71.017 and 18.71.370. 01-16-010, § 246-919-844, filed 7/19/01, effective 8/19/01.]

**WAC 246-919-845 Education for prescribing Schedule II - IV drugs.** Special education for advanced registered nurse practitioners is strongly recommended in the areas of pain management and drug seeking behaviors and/or addiction. Continuing education credit in these subjects may be applied to the biennial pharmacotherapeutics requirement found in WAC 246-840-450.

[Statutory Authority: RCW 18.71.017 and 18.71.370. 01-16-010, § 246-919-845, filed 7/19/01, effective 8/19/01.]

**WAC 246-919-846 Jurisdiction.** Nothing in WAC 246-919-840 through 246-919-845 shall be interpreted as giving a disciplining authority jurisdiction over a practitioner not licensed by that commission or board.

[Statutory Authority: RCW 18.71.017 and 18.71.370. 01-16-010, § 246-919-846, filed 7/19/01, effective 8/19/01.]

**PHYSICIAN AND SURGEON FEES**

**WAC 246-919-990 Physician and surgeon fees and renewal cycle.** (1) Licenses must be renewed every two years on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2, except postgraduate training limited licenses and retired active physician licenses.

(2) Postgraduate training limited licenses must be renewed every year to correspond to program date.

(3) Retired active physician licenses shall be renewed every year.

(4) The applicants and licensees must pay the following nonrefundable fees:

<b>Title of Fee</b>	<b>Fee</b>
Physicians and surgeons: Chapter 18.71 RCW	
Application*	\$300.00
Retired active physician license renewal*	100.00
Retired active late renewal penalty	50.00
Two-year renewal*	400.00
Late renewal penalty	100.00
Expired license reissuance	200.00
Certification of license	50.00
Duplicate license	15.00
Temporary permit	50.00
Application fee for transitioning from a postgraduate training limited license*	100.00
Postgraduate limited license fees: RCW 18.71.095	
Limited license application*	200.00
Limited license renewal*	200.00
Limited duplicate license	15.00

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<b>Title of Fee</b>	<b>Fee</b>
Impaired physician program *(assessed at \$25.00 on each application and for each year of the renewal period as required in RCW 18.71.310(2))	25.00

[Statutory Authority: RCW 18.71.017, 18.71A.020 and 43.70.280. 02-05-009, § 246-919-990, filed 2/8/02, effective 3/11/02. Statutory Authority: RCW 18.71.017, 18.130.050(1), 18.130.040(4), 18.130.050(12) and 18.130.340. 99-23-090, § 246-919-990, filed 11/16/99, effective 1/1/00. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-919-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.71.017 and 43.70.250. 97-15-100, § 246-919-990, filed 7/21/97, effective 8/21/97. Statutory Authority: RCW 18.71.017 and 18.71A.020. 96-03-073, § 246-919-990, filed 1/17/96, effective 2/17/96.]

**Chapter 246-922 WAC  
PODIATRIC PHYSICIANS AND SURGEONS**

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**DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER**

246-922-090	Delegation of acts to unlicensed persons. [Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-090, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-090, filed 1/18/91, effective 2/18/91; 87-04-050 (Order PM 638), § 308-31-100, filed 2/3/87; 84-02-077 (Order PL 450), § 308-31-100, filed 1/4/84.] Repealed by 99-14-074, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 18.22.015 and 18.130.050.
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- 246-922-110 Acts that may not be performed by unlicensed persons. [Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-110, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-110, filed 1/18/91, effective 2/18/91; 87-04-050 (Order PM 638), § 308-31-120, filed 2/3/87; 84-02-077 (Order PL 450), § 308-31-120, filed 1/4/84.] Repealed by 94-05-051, filed 2/10/94, effective 3/13/94. Statutory Authority: RCW 18.22.015.
- 246-922-220 Exercise of professional judgment and skills. [Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-220, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-220, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-520, filed 1/4/84.] Repealed by 94-05-051, filed 2/10/94, effective 3/13/94. Statutory Authority: RCW 18.22.015.
- 246-922-250 Excessive fees. [Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-250, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-250, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.22.015 and 18.22.010(5). 86-22-042 (Order PM 624), § 308-31-550, filed 11/3/86. Statutory Authority: RCW 18.22.015. 84-02-077 (Order PL 450), § 308-31-550, filed 1/4/84.] Repealed by 94-05-051, filed 2/10/94, effective 3/13/94. Statutory Authority: RCW 18.22.015.
- 246-922-275 Address notification. [Statutory Authority: RCW 18.22.015. 93-18-036, § 246-922-275, filed 8/26/93, effective 9/26/93.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
- 246-922-280 Renewal expiration date. [Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-280, filed 4/25/91, effective 5/26/91.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
- 246-922-320 Certification of compliance. [Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-320, filed 4/25/91, effective 5/26/91.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

**WAC 246-922-001 Scope of practice.** (1) An "ailment of the human foot" as set forth in RCW 18.22.010 is defined as any condition, symptom, disease, complaint, or disability involving the functional foot. The functional foot includes the anatomical foot and any muscle, tendon, ligament, or other soft tissue structure directly attached to the anatomical foot and which impacts upon or affects the foot or foot function and osseous structure up to and including the articulating surfaces of the ankle joint.

(2) In diagnosing or treating the ailments of the functional foot, a podiatric physician and surgeon is entitled to utilize medical, surgical, mechanical, manipulative, radiological, and electrical treatment methods and the diagnostic procedure or treatment method may be utilized upon an anatomical location other than the functional foot. The diagnosis and treatment of the foot includes diagnosis and treatment necessary for preventive care of the well foot.

(3) A podiatric physician and surgeon may examine, diagnose, and commence treatment of ailments for which differential diagnoses include an ailment of the human foot. Upon determination that the condition presented is not an ailment of the human foot, the podiatric physician and surgeon shall obtain an appropriate consultation or make an appropriate referral to a licensed health care practitioner authorized by law to treat systemic conditions. The podiatric physician and surgeon may take emergency actions as are reasonably necessary to protect the patient's health until the intervention of a licensed health care practitioner authorized by law to treat systemic conditions.

(4) A podiatric physician and surgeon may diagnose or treat an ailment of the human foot caused by a systemic condition provided an appropriate consultation or referral for the systemic condition is made to a licensed health care practitioner authorized by law to treat systemic conditions.

(5) A podiatric physician and surgeon shall not administer a general or spinal anesthetic, however, a podiatric physician and surgeon may treat ailments of the human foot when the treatment requires use of a general or spinal anesthetic provided that the administration of the general or spinal anesthetic is by or under the supervision of a physician authorized under chapter 18.71 or 18.57 RCW.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-001, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-001, filed 1/18/91, effective 2/18/91; 87-09-045 (Order PM 643), § 308-31-025, filed 4/14/87; 87-04-050 (Order PM 638), § 308-31-025, filed 2/3/87.]

**WAC 246-922-010 Definitions.** (1) Chiropractic, podiatry, and podiatric medicine and surgery shall be synonymous.

(2) "Board" shall mean the Washington state podiatric medical board.

(3) "Secretary" shall mean the secretary of the department of health.

(4) "Supervision" shall mean that a licensed podiatric physician and surgeon whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized and directed the procedures to be performed. A podiatric physician and surgeon shall be physically present in the treatment facility while the procedures are performed.

(5) "Treatment facility" means a podiatric medical office or connecting suite of offices, podiatric medical clinic, room or area with equipment to provide podiatric medical treatment, or the immediately adjacent rooms or areas. A treatment facility does not extend to any other area of a building in which the treatment facility is located.

(6) "Unlicensed person" means a person who is not a podiatric physician and surgeon duly licensed pursuant to the provisions of chapter 18.22 RCW.

(7) Orthotic devices defined:

(a) Prefabricated or off-the-shelf orthotics, are devices that are manufactured as commercially available stock items for no specific patient. It is appropriate to dispense prefabricated orthotic devices for some conditions.

(b) Direct-formed orthotics are devices formed or shaped during the molding process directly on the patient's foot.

(c) Custom-fabricated orthotics, also known as custom-made orthotics, are devices designed and fabricated, in turn, from raw materials for a specific patient, and require the generation of an image, form, or mold that replicates the patient's foot, and, in turn, involves the rectification of dimensions, contours, and volumes to achieve proper fit, comfort, and function for that specific patient.

Prefabricated orthotic devices that have been adjusted or modified may not be dispensed and sold to consumers as custom fabricated or custom-made orthotics. All orthotic devices must be correctly represented and charged to the patient.

[Statutory Authority: RCW 18.22.015 and 18.130.050. 99-14-074, § 246-922-010, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-010, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-010, filed

1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-020, filed 1/4/84; Order PL 128, § 308-31-020, filed 7/7/72.]

**WAC 246-922-020 Board officers.** In addition to electing a board member to serve as chairperson as required by RCW 18.22.014, the board shall also elect a vice-chairperson and a secretary from among its members.

The board shall schedule an annual election of members to the above named offices.

[Statutory Authority: RCW 18.22.015. 91-03-095 (Order 118B), recodified as § 246-922-020, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.22.015(8). 86-01-041 (Order PL 573), § 308-31-001, filed 12/13/85.]

**WAC 246-922-030 Approved schools of podiatric medicine.** For the purpose of the laws relating to podiatric medicine, the board approves the following list of schools of podiatric medicine: California College of Podiatric Medicine, San Francisco, California; College of Podiatric Medicine and Surgery, Des Moines, Iowa; New York College of Podiatric Medicine, New York, New York; Ohio College of Podiatric Medicine, Cleveland, Ohio; Pennsylvania College of Podiatric Medicine, Philadelphia, Pennsylvania; Dr. William Scholl College of Podiatric Medicine, Chicago, Illinois; Barry University School of Podiatric Medicine, Miami Shores, Florida.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-030, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-030, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.22.015 and 18.22.010(5). 86-22-042 (Order PM 624), § 308-31-030, filed 11/3/86. Statutory Authority: 1982 c 21 § 10. 83-03-032 (Order 418), § 308-31-030, filed 1/14/83.]

**WAC 246-922-032 Postgraduate podiatric medical training defined.** (1) For the purposes of this chapter, postgraduate podiatric medical training shall be considered to mean clinical training that meets the educational standards established by the profession. The training must be acquired after satisfactory completion of a course in an approved school of podiatric medicine and surgery as specified in RCW 18.22.040. Clinical performance shall be deemed satisfactory to fulfill the purposes of this requirement. This definition shall be considered to include, but not be limited to, rotating podiatric residency, podiatric orthopedic residency, and podiatric surgical residency.

(2) The board approves the following postgraduate clinical training courses: Programs approved by the American Podiatric Medical Association Council on Podiatric Medical Education which are listed in the 1992-1993 directory of *Approved Residencies in Podiatric Medicine*, and programs approved by the Council on Podiatric Medical Education at the time the postgraduate training was obtained.

[Statutory Authority: RCW 18.22.015. 94-05-051, § 246-922-032, filed 2/10/94, effective 3/13/94.]

**WAC 246-922-033 Eligibility for licensure.** An applicant for licensure or limited licensure must file a completed application and applicable fee, which shall include information and documentation relative to education and training, past practice performance, licensure history, and a record of all adverse or correctional actions taken by another state or appropriate regulatory body, ability to safely practice podiat-

ric medicine with reasonable skill and safety to the consumer, and other relevant documentation or information as the board may require to determine fitness or eligibility for licensure.

(1) Applicants requesting a license to practice podiatric medicine shall have completed one year postgraduate podiatric medical training in a program approved by the board as defined in WAC 246-922-032, provided that applicants graduating before July 1, 1993, shall be exempt from the postgraduate training requirement.

(2) Applicants requesting a limited license to practice in an approved postgraduate podiatric medical training program shall have graduated from an approved school of podiatric medicine and surgery.

[Statutory Authority: RCW 18.22.015. 94-05-051, § 246-922-033, filed 2/10/94, effective 3/13/94.]

**WAC 246-922-035 Temporary practice permit.** A temporary permit to practice podiatric medicine and surgery may be issued to an individual licensed in another state that has substantially equivalent licensing standards to those in Washington.

(1) The temporary permit may be issued upon receipt of the following:

(a) Documentation from the reciprocal state that the licensing standards used for issuing the license are substantially equivalent to the current Washington licensing standards;

(b) A completed application form and application and temporary permit fees;

(c) Verification of all state licenses, whether active or inactive, indicating that the applicant is not subject to charges or disciplinary action for unprofessional conduct or impairment; and

(d) Verification from the federation of state podiatric medical board's disciplinary action data bank that the applicant has not been disciplined by a state board or federal agency.

(2) The temporary permit shall be issued for sixty days at which time it will become invalid.

(3) A temporary permit shall be issued only once to each applicant. An applicant who does not complete the application process shall not receive a subsequent temporary permit or refund.

[Statutory Authority: RCW 18.22.015. 93-18-036, § 246-922-035, filed 8/26/93, effective 9/26/93.]

**WAC 246-922-040 Examinations.** (1) In order to be licensed to practice podiatric medicine and surgery in the state of Washington, all applicants except those who are seeking licensure by endorsement from another state under subsection (8) of this section, must pass Part I and Part II of the national examination prepared by the National Board of Podiatric Medical Examiners in addition to the PMLexis examination approved by the Washington state podiatric medical board as the state examination.

(2) The Washington state podiatric medical examination shall include the following topics: Medicine and general podiatric medicine, to include but not limited to, microbiological diseases, dermatology, neurology, cardiovascular-respiratory, musculoskeletal, metabolic and endocrine, medical emergencies and trauma, rheumatology; and therapeutics, to

include but not limited to, pharmacology, physical medicine and rehabilitation, local therapy, systemic therapy, surgery, and biomechanics.

(3) The state examination shall be administered twice annually on the second Tuesday of June and the first Tuesday of December. Applications for examination or reexamination shall be received in the office of the professional licensing services division, department of health, no later than April 15th for the following June examination and October 1 for the following December examination.

(4) Every applicant for a podiatric physician and surgeon license shall be required to pass the state examination with a grade of at least 75.

(5) The board shall approve the method of grading each examination, and shall apply such method uniformly to all applicants taking the examination.

(6) The board and the department shall not disclose any applicant's examination score to anyone other than the applicant, unless requested to do so in writing by the applicant.

(7) The applicant will be notified, in writing, of his or her examination scores.

(8) Applicants for licensure who have been licensed by examination in another state or who have successfully passed the examinations given by the National Board of Podiatric Medical Examiners will be required to pass the state approved examination. If the examination taken in another state is the Virginia or PMLexis examination and the applicant passed the Virginia examination or PMLexis on or after June 1988 the applicant shall be deemed to have passed the approved examination in this state.

(9) Applicants failing the state approved examination whether taken in this or another state in which the Virginia or PMLexis examination was taken after June 1988 may be reexamined no more than three times. Applicants who have failed the state approved examination three times may petition the board to be permitted to retake the examination on additional occasions and the applicant must provide satisfactory evidence to the board that he or she has taken remedial measures to increase his or her likelihood of passing the examination. If the applicant does not provide satisfactory evidence to the board, the board shall deny the request to retake the examination until such time that the applicant can provide satisfactory evidence of remedial measures undertaken to increase his or her likelihood of passing the examination.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-040, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-040, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.22.015 and 1988 c 206 § 604. 89-02-047 (Order PM 813), § 308-31-010, filed 12/30/88. Statutory Authority: RCW 18.22.015(8), 88-11-034 (Order 733), § 308-31-010, filed 5/13/88. Statutory Authority: RCW 18.22.015 and 18.22.010(5), 86-22-042 (Order PM 624), § 308-31-010, filed 11/3/86. Statutory Authority: 1982 c 21 § 10. 83-03-032 (Order 418), § 308-31-010, filed 1/14/83; Order PL 250, § 308-31-010, filed 5/28/76; Order PL 128, § 308-31-010, filed 7/7/72.]

**WAC 246-922-045 Examination conduct.** Failure to follow written or oral instructions relative to the conduct of the examination, including termination time of the examination will be considered grounds for expulsion from the examination.

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Applicants will be required to refrain from talking to other examinees during the examination unless specifically directed or permitted to do so by a test proctor. Any applicant observed talking or attempting to give or receive information, or using unauthorized materials during any portion of the examination may be expelled from the examination and deemed to have failed the examination.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-045, filed 4/25/91, effective 5/26/91.]

**WAC 246-922-050 Identification of licensees.** Each person licensed pursuant to chapter 18.22 RCW must be clearly identified to the public as a doctor of podiatric medicine at every establishment in which he or she is engaged in the practice of podiatric medicine and surgery. Such identification must indicate the name of the licensee at or near the entrance to the licensee's office. Only the names of people actually practicing at a location may appear at that location or in any advertisements or announcements regarding that location. The name of an individual who has previously practiced at a location may remain in use in conjunction with that location for a period of no more than one year from the date that person ceases to practice at the location.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-050, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-050, filed 1/18/91, effective 2/18/91. Statutory Authority: 1982 c 21 § 10. 83-03-032 (Order 418), § 308-31-040, filed 1/14/83.]

**WAC 246-922-055 Reciprocity requirements.** An applicant licensed in another state must file with the secretary verification of the license certified by the proper authorities of the issuing state to include the issue date, license number, current expiration date, and whether any action has been taken to revoke, suspend, restrict, or otherwise sanction the licensee for unprofessional conduct or that the licensee may not be able to practice his or her profession with reasonable skill and safety to consumers as a result of a physical or mental condition. The applicant must document that the educational standards, eligibility requirements, and examinations of that state are at least equal in all respects to those of this state.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-055, filed 4/25/91, effective 5/26/91.]

**WAC 246-922-060 Presumption of responsibility for advertisements.** Any licensed doctor of podiatric medicine whose name, office address or place of practice is mentioned in any advertisement of any kind or character shall be presumed to have caused, allowed, permitted, approved and sanctioned such advertising and shall be presumed to be personally responsible for the content and character thereof. Once sufficient evidence of the existence of the advertisement has been introduced at any hearing before the Washington podiatric medical board, the burden of establishing proof to rebut this presumption by a preponderance of the evidence shall be upon the doctor of podiatric medicine.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-060, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-060, filed 1/18/91, effective 2/18/91. Statutory Authority: 1982 c 21 § 10. 83-03-032 (Order 418), § 308-31-050, filed 1/14/83.]

**WAC 246-922-070 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, 98-05-060, § 246-922-070, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.22.015, 91-10-041 (Order 158B), § 246-922-070, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-070, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.22.015 and 1988 c 206 § 604, 89-02-047 (Order PM 813), § 308-31-057, filed 12/30/88.]

**WAC 246-922-080 Advertisements prior to licensure prohibited.** Any individual who has not been licensed to practice as a podiatric physician and surgeon by the state of Washington is prohibited from advertising as practicing podiatric medicine and surgery in this state, by any means including placement of a telephone listing in any telephone directory.

[Statutory Authority: RCW 18.22.015, 91-10-041 (Order 158B), § 246-922-080, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-080, filed 1/18/91, effective 2/18/91. Statutory Authority: 1982 c 21 § 10, 83-03-032 (Order 418), § 308-31-060, filed 1/14/83.]

**WAC 246-922-100 Acts that may be delegated to an unlicensed person.** A podiatric physician and surgeon may authorize the delegation of certain duties to nonpodiatric personnel and prohibit the delegation of certain other duties. The licensed podiatric physician and surgeon is ultimately responsible for all treatments performed at his or her direction. Duties that may be delegated to a person not licensed to practice podiatric medicine and surgery may be performed only under the supervision of a licensed podiatric physician and surgeon. The extent of delegation and the degree of supervision required to assure that the treatment is appropriate and does not jeopardize the systemic or pedal health of the patient varies with, among other considerations, the nature of the procedure and the qualifications of the person to whom the duty is delegated. A podiatric physician and surgeon may allow an unlicensed person to perform the following acts under the podiatric physician and surgeon's supervision limited to the following:

- (1) Patient education in foot hygiene.
- (2) Deliver a sedative drug in an oral dosage form to patient.
- (3) Give preoperative and postoperative instructions.
- (4) Assist in administration of nitrous oxide analgesia or sedation, but the unlicensed person shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the podiatric physician and surgeon. Patients must never be left unattended while nitrous oxide analgesia or sedation is administered to them. This regulation shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.
- (5) Take health histories.
- (6) Determine rate and quality of patient's radial pulses.
- (7) Measure the patient's blood pressure.
- (8) Perform a plethysmographic or doppler study.
- (9) Observe the nature of the patient's shoes and hose.
- (10) Observe and report wearing patterns on the patient's shoes.
- (11) Assist in obtaining material for a culture-sensitivity test.

(12) Take scrapings from the skin or nails of the feet, prepare them for microscopic and culture examination.

(13) Perform weightbearing and nonweightbearing x-rays.

(14) Photograph patient's foot disorder.

(15) Debride hyperkeratotic tissues of the foot.

(16) Remove and apply dressing and/or padding.

(17) Make necessary adjustments to the biomechanical device.

(18) Produce impression casting of the foot.

(19) Produce the following:

(a) Removable impression insoles and modifications.

(b) Protective devices for alleviating or dispersing pressure on certain deformities or skin lesions such as ulcers, corns, calluses, digital amputation stumps (e.g., latex shields).

(20) Apply strap and/or pad to the foot and/or leg.

(21) Prepare the foot for anesthesia as needed.

(22) Know the indications for and application of cardiopulmonary resuscitation (CPR).

(23) Prepare and maintain a surgically sterile field.

(24) Apply flexible cast (e.g., Unna Boot).

(25) Apply cast material for immobilization of the foot and leg.

(26) Remove sutures.

(27) Debride nails.

(28) Administer mechanical, manipulative and electrical treatment as directed by the podiatric physician and surgeon.

(29) Counsel and instruct patients in the basics of:

(a) Their examination, treatment regimen and prophylaxis for a problem.

(b) Patient and family foot health promotion practices.

(c) Patient and family care of specific diseases affecting the foot (e.g., diabetes, cerebrovascular accident, arthritis).

(d) Performing certain exercises and their importance.

(30) Give patient or family supplementary health education materials.

[Statutory Authority: RCW 18.22.015 and 18.130.050, 99-14-074, § 246-922-100, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 18.22.015, 94-05-051, § 246-922-100, filed 2/10/94, effective 3/13/94; 91-10-041 (Order 158B), § 246-922-100, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-100, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-110, filed 1/4/84.]

**WAC 246-922-120 General provisions.** (1) "Unprofessional conduct" as used in these regulations shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" shall mean any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" shall mean any health care institution which comes under chapter 18.51 RCW.

(4) "Board" shall mean the Washington state podiatric medical board, whose address is:

Department of Health  
Professional Licensing Services  
1300 Quince St.,  
P.O. Box 47868  
Olympia, WA 98504-7868

(5) "Podiatric physician and surgeon" shall mean a person licensed pursuant to chapter 18.22 RCW.

(6) "Mentally or physically disabled podiatric physician and surgeon" shall mean a podiatric physician and surgeon who has either been determined by a court to be mentally incompetent or mentally ill or who is unable to practice podiatric medicine and surgery with reasonable skill and safety to patients by reason of any mental or physical condition.

[Statutory Authority: RCW 18.22.015. 94-05-051, § 246-922-120, filed 2/10/94, effective 3/13/94; 91-10-041 (Order 158B), § 246-922-120, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-120, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-210, filed 5/30/90, effective 6/30/90.]

**WAC 246-922-130 Mandatory reporting.** (1) All reports required by these regulations shall be submitted to the board as soon as possible, but no later than sixty days after a determination is made.

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

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

(b) The name, address and telephone number of the podiatric physician and surgeon being reported.

(c) The case number of any patient 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.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-130, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-130, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-220, filed 5/30/90, effective 6/30/90.]

**WAC 246-922-140 Health care institutions.** The chief administrator or executive officer of any hospital or nursing home shall report to the board when any podiatric physician and surgeon's services are terminated or are restricted based on a determination that the podiatric physician and surgeon has either committed an act or acts which may constitute unprofessional conduct or that the podiatric physician and surgeon may be mentally or physically impaired. Said officer shall also report if a podiatric physician and surgeon accepts voluntary termination or restriction of clinical privileges in lieu of formal action based upon unprofessional conduct or upon being mentally or physically impaired.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-140, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-140, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-230, filed 5/30/90, effective 6/30/90.]

**WAC 246-922-150 Podiatric medical associations or societies.** The president or chief executive officer of any podiatric medical association or society within this state shall report to the board when the association or society determines that a podiatric physician and surgeon has committed

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unprofessional conduct or that a podiatric physician and surgeon may not be able to practice podiatric medicine and surgery with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety or welfare. The report required by this subsection shall be made without regard to whether the license holder appeals, accepts or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-150, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-150, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-240, filed 5/30/90, effective 6/30/90.]

**WAC 246-922-160 Health care service contractors and disability insurance carriers.** The executive officer of every health care service contractor and disability insurer regulated under chapters 48.20, 48.21, 48.21A and 48.44 RCW, operating in the state of Washington shall report to the board all final determinations that a podiatric physician and surgeon may have engaged in over-utilization of services, has charged fees for services not actually provided, may have engaged in unprofessional conduct, or by reason of mental or physical impairment may be unable to practice the profession with reasonable skill and safety.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-160, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-160, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-250, filed 5/30/90, effective 6/30/90.]

**WAC 246-922-170 State and federal agencies.** The board requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a podiatric physician and surgeon is employed to provide patient care services, to report to the board whenever such a podiatric physician and surgeon has been judged to have demonstrated his/her incompetency or negligence in the practice of podiatric medicine and surgery, or has otherwise committed unprofessional conduct, or is mentally or physically impaired.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-170, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-170, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-260, filed 5/30/90, effective 6/30/90.]

**WAC 246-922-180 Professional review organizations.** Unless prohibited by federal law, every professional review organization operating within the state of Washington shall report to the board any determinations that a podiatric physician and surgeon may have engaged in unprofessional conduct, or by reason of mental or physical impairment may be unable to practice the profession with reasonable skill and safety.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-180, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-180, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-270, filed 5/30/90, effective 6/30/90.]

**WAC 246-922-190 Malpractice suit reporting.** Every licensed podiatric physician and surgeon shall, within sixty days after settlement or judgment, notify the board of any and all malpractice settlements or judgments in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by a podiatric physician and surgeon's incompetency or negligence in the practice of podiatric medicine and surgery. Every podiatric physician and surgeon shall also report the settlement or judgment of three or more claims or actions for damages during a one-year period as the result of the alleged podiatric physician and surgeon's incompetence or negligence in the practice of podiatric medicine and surgery regardless of the dollar amount of the settlement or judgment.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-190, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-190, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-280, filed 5/30/90, effective 6/30/90.]

**WAC 246-922-200 Professional and ethical standards.** In addition to those standards specifically expressed in chapter 18.22 RCW and chapter 18.130 RCW, the board adopts the standards that follow in governing or regulating the practice of podiatric physicians and surgeons within the state of Washington.

Podiatric medicine and surgery is that specialty of medicine and research that seeks to diagnose, treat, correct and prevent ailments of the human foot. A podiatrist shall hold foremost the principal objectives to render appropriate podiatric medical services to society and to assist individuals in the relief of pain or correction of abnormalities, and shall always endeavor to conduct himself or herself in such a manner to further these objectives.

The podiatric physician and surgeon owes to his or her patients a reasonable degree of skill and quality of care. To this end, the podiatric physician and surgeon shall endeavor to keep abreast of new developments in podiatric medicine and surgery and shall pursue means that will lead to improvement of his or her knowledge and skill in the practice of podiatric medicine and surgery. "Quality of care" consists of the following elements:

- (1) Necessity of care.
- (2) Appropriateness of service rendered in view of the diagnosis.
- (3) Utilization of services (over or under).
- (4) Quality of service(s) rendered.
- (5) Whether the service(s) reported had been actually rendered.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-200, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-200, filed 1/18/91, effective 2/18/91; 87-09-045 (Order PM 643), § 308-31-500, filed 4/14/87; 87-04-050 (Order PM 638), § 308-31-500, filed 2/3/87; 84-02-077 (Order PL 450), § 308-31-500, filed 1/4/84.]

**WAC 246-922-210 Patient abandonment.** The podiatric physician and surgeon shall always be free to accept or reject a particular patient, but once care is undertaken, the podiatric physician and surgeon shall not neglect the patient as long as that patient cooperates with, requests, and authorizes the podiatric medical services for the particular problem.

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[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-210, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-210, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-510, filed 1/4/84.]

**WAC 246-922-230 Prohibited transactions.** A podiatric physician and surgeon shall not compensate or give anything of value to a representative of the press, radio, television or other communication media in anticipation of or in return for professional publicity of any individual podiatric physician and surgeon in a news item.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-230, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-230, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-530, filed 1/4/84.]

**WAC 246-922-235 Prohibited publicity and advertising.** A podiatric physician and surgeon shall not use or allow to be used any form of public communications or advertising connected with his or her profession or in his or her professional capacity as a podiatric physician which is false, fraudulent, deceptive, or misleading or which contains any implication or statement likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts.

[Statutory Authority: RCW 18.22.015. 93-18-036, § 246-922-235, filed 8/26/93, effective 9/26/93.]

**WAC 246-922-240 Soliciting patients.** A podiatric physician and surgeon shall not participate in the division of fees or agree to split or divide fees received for podiatric medical services with any person for bringing or referring patients.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-240, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-240, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-540, filed 1/4/84.]

**WAC 246-922-260 Maintenance of patient records.** Any podiatric physician and surgeon who treats patients in the state of Washington shall maintain complete and legible treatment records regarding patients treated. These records shall include, but shall not be limited to x-rays, treatment plans, patient charts, patient histories, correspondence, financial data and billing. These records shall be retained by the podiatric physician and surgeon in an orderly, accessible file and shall be readily available for inspection by the Washington state podiatric medical board or its authorized representative. Complete patient treatment records shall be maintained for a minimum of seven years after treatment is rendered.

[Statutory Authority: RCW 18.22.015. 94-05-051, § 246-922-260, filed 2/10/94, effective 3/13/94; 91-10-041 (Order 158B), § 246-922-260, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-260, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-560, filed 1/4/84.]

**WAC 246-922-270 Inventory of legend drugs and controlled substances.** Every podiatric physician and surgeon shall maintain a record of all legend drugs and controlled substances that he or she has prescribed or dispensed. This record shall include the date prescribed or the date dispensed, the name of the patient prescribed or dispensed to, the name of the medication, and the dosage and amount of the medication prescribed or dispensed. The record of the medi-

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cation prescribed or dispensed will be clearly indicated on the patient record.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-270, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-270, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-570, filed 1/4/84.]

**WAC 246-922-285 Retired active credential.** A practitioner may obtain a retired active credential. Refer to the requirements of chapter 246-12 WAC, Part 5.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-922-285, filed 2/13/98, effective 3/16/98.]

**WAC 246-922-290 Inactive credential.** A practitioner may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-922-290, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-290, filed 4/25/91, effective 5/26/91.]

**WAC 246-922-295 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, and the practitioner has been in active practice in another United States jurisdiction, the practitioner must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Provide documentation relative to any malpractice settlements or judgments within the past five years;

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

(3) If the license has expired for over three years, and the practitioner has not been in active practice in another United States jurisdiction, the practitioner:

(a) May be required to be reexamined as provided in RCW 18.22.083;

(b) Provide documentation relative to any malpractice settlements or judgments within the past five years;

(c) Must meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-922-295, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-295, filed 4/25/91, effective 5/26/91.]

**WAC 246-922-300 Podiatric continuing education required.** The podiatric medical board encourages licensees to deliver high-quality patient care. The board recognizes that continuing education programs designed to inform practitioners of recent developments within podiatric medicine and relative fields and review of various aspects of basic professional education and podiatric practice are beneficial to professional growth. The board encourages participation in podiatric continuing education as a mechanism to maintain and enhance competence.

(1) Fifty contact hours of scientific podiatric continuing education is required every two years when the license is renewed to maintain a current license as provided in chapter 246-12 WAC, Part 7.

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Five credit hours may be granted for one hour of course instruction. A maximum of ten hours may be claimed per reporting period.

(2) Approved courses shall be scientific in nature designed to provide information and enhancement of current knowledge of the mechanisms of disease and treatment, which may include applicable clinical information.

(a) Serving as a resident in an approved post-graduate residency training program shall satisfy the continuing education credit for the reporting period.

(b) Continuing education activities which do not affect the delivery of patient care, (e.g., marketing and billing), may not be claimed for continuing education credit.

[Statutory Authority: RCW 18.22.015. 99-20-096, § 246-922-300, filed 10/5/99, effective 11/5/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-922-300, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.22.015. 94-05-051, § 246-922-300, filed 2/10/94, effective 3/13/94; 91-10-041 (Order 158B), § 246-922-300, filed 4/25/91, effective 5/26/91.]

**WAC 246-922-310 Categories of creditable podiatric continuing education activities.** The following categories of creditable podiatric continuing education activities sponsored by the following organizations are approved by the board. The credits must be earned in the twenty-four month period preceding the licensee's reporting period. One contact hour is defined as a typical fifty-minute classroom instructional session or its equivalent.

(1) Scientific courses or seminars approved by the American Podiatric Medical Association and its component societies and affiliated and related organizations.

(2) Scientific courses or seminars offered by accredited, licensed, or otherwise approved hospitals, colleges, and universities and their associated foundations and institutes offering continuing education programs in podiatric medicine.

(3) Scientific courses or seminars offered by recognized nonpodiatric medical and health-care related societies (e.g., the American Medical Association, the American Physical Therapy Association) offering continuing education programs related to podiatric medicine.

(4) Scientific courses or seminars offered by other non-profit organizations, other proprietary organizations, and individuals offering continuing education in podiatric medicine.

(5) A post-graduate residency training program accredited by the council on podiatric medical education.

[Statutory Authority: RCW 18.22.015. 99-20-096, § 246-922-310, filed 10/5/99, effective 11/5/99; 94-05-051, § 246-922-310, filed 2/10/94, effective 3/13/94; 91-10-041 (Order 158B), § 246-922-310, filed 4/25/91, effective 5/26/91.]

**WAC 246-922-400 Intent.** It is the intent of the legislature that the podiatric medical board seek ways to identify and support the rehabilitation of podiatric physicians and surgeons where practice or competency may be impaired due to the abuse of or dependency upon drugs or alcohol. The legislature intends that these practitioners be treated so that they can return to or continue to practice podiatric medicine and surgery in a way which safeguards the public. The legislature specifically intends that the podiatric medical board establish an alternate program to the traditional administrative proceedings against podiatric physicians and surgeons.

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In lieu of disciplinary action under RCW 18.130.160, if the podiatric medical board determines that the unprofessional conduct may be the result of substance abuse or dependency, the board may refer the licensee to a voluntary substance abuse monitoring program approved by the board.

[Statutory Authority: RCW 18.22.015 and chapter 18.22 RCW. 94-14-082, § 246-922-400, filed 7/5/94, effective 8/5/94.]

**WAC 246-922-405 Definitions used relative to substance abuse monitoring.** (1) "Approved substance abuse/dependency monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and rules established by the board according to the Washington Administrative Code which enters into a contract with podiatric practitioners who have substance abuse/dependency problems. The approved substance abuse monitoring program oversees compliance of the podiatric practitioner's recovery activities as required by the board. Substance abuse monitoring programs may provide evaluation and/or treatment to participating podiatric practitioners.

(2) "Impaired podiatric practitioner" means a podiatric physician and surgeon who is unable to practice podiatric medicine and surgery with judgment, skill, competence, or safety due to chemical dependence/substance abuse.

(3) "Contract" is a comprehensive, structured agreement between the recovering podiatric practitioner and the approved monitoring program wherein the podiatric practitioner consents to comply with the monitoring program and the required components for the podiatric practitioner's recovery activity.

(4) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services.

(5) "Chemical dependence/substance abuse" means an illness/condition which involves the inappropriate use of alcohol and/or other drugs to a degree that such use interferes in the functional life of the licensee, as manifested by personal, family, physical, emotional, occupational (professional services), legal, or spiritual problems.

(6) "Drug" means a chemical substance alone or in combination with other drugs, including alcohol.

(7) "Aftercare/continuing care" means that period of time after intensive treatment that provides the podiatric practitioner and the podiatric practitioner's family with group, or individualized counseling sessions, discussions with other families, ongoing contact and participation in self-help groups, and ongoing continued support of treatment program staff.

(8) "Podiatric practitioner support group" is a group of podiatric practitioners and/or other health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced facilitator in which participants may safely discuss drug diversion, licensure issues, return to work, and other professional issues related to recovery.

(9) "Twelve-step groups" are groups such as Alcoholics Anonymous, Narcotics Anonymous, and related organizations based on a philosophy of anonymity, belief in a power greater than oneself, peer group association, and self-help.

(10) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse or dependency in body fluids which are performed at irregular intervals not known in advance by the person to be tested. The collection of the body fluids must be observed by a treatment or health care professional or other board or monitoring program-approved observer.

(11) "Recovering" means that a chemically dependent podiatric practitioner is in compliance with a treatment plan of rehabilitation in accordance with criteria established by an approved treatment facility and an approved substance abuse monitoring program.

(12) "Rehabilitation" means the process of restoring a chemically dependent podiatric practitioner to a level of professional performance consistent with public health and safety.

(13) "Reinstatement" means the process whereby a recovering podiatric practitioner is permitted to resume the practice of podiatric medicine and surgery.

[Statutory Authority: RCW 18.22.015 and chapter 18.22 RCW. 94-14-082, § 246-922-405, filed 7/5/94, effective 8/5/94.]

**WAC 246-922-410 Approval of substance abuse monitoring programs.** The board will approve the monitoring program(s) which will participate in the recovery of podiatric practitioners. The board will enter into a contract with the approved substance abuse monitoring program(s).

(1) An approved monitoring program:

(a) May provide evaluations and/or treatment to the participating podiatric practitioners;

(b) Shall enter into a contract with the podiatric practitioner and the board to oversee the podiatric practitioner's compliance with the requirement of the program;

(c) Shall maintain records on participants;

(d) Shall be responsible for providing feedback to the podiatric practitioner as to whether treatment progress is acceptable;

(e) Shall report to the board any podiatric practitioner who fails to comply with the requirements of the monitoring program;

(f) Shall provide the board with a statistical report and financial statement on the program, including progress of participants, at least annually, or more frequently as requested by the board;

(g) Shall provide for the board a complete biennial audited financial statement;

(h) Shall enter into a written contract with the board and submit monthly billing statements supported by documentation;

(2) Approved monitoring program staff must have the qualifications and knowledge of both substance abuse/dependency and the practice of podiatric medicine and surgery as defined in chapter 18.22 RCW to be able to evaluate:

(a) Drug screening laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individual and facilities;

(d) Podiatric practitioner support groups;

(e) Podiatric practitioners' work environment; and

(f) The ability of the podiatric practitioners to practice with reasonable skill and safety.

(3) The program staff of the approved monitoring program may evaluate and recommend to the board, on an individual basis, whether a podiatric practitioner will be prohibited from engaging in the practice of podiatric medicine and surgery for a period of time and restrictions, if any, on the podiatric practitioner's access to controlled substances in the workplace.

(4) The board shall provide the approved monitoring program board orders requiring treatment, monitoring, and/or limitations on the practice of podiatric medicine and surgery for those participating in the program.

[Statutory Authority: RCW 18.22.015 and chapter 18.22 RCW. 94-14-082, § 246-922-410, filed 7/5/94, effective 8/5/94.]

**WAC 246-922-415 Participation in approved substance abuse monitoring program.** (1) The podiatric practitioner who has been investigated by the board may accept board referral into the approved substance abuse monitoring program. Referral may occur in lieu of disciplinary action under RCW 18.130.160 or as a result of a board order as final disposition of a disciplinary action. The podiatric practitioner:

(a) Shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation is to be performed by a health care professional(s) with expertise in chemical dependency;

(b) Shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to: The podiatric practitioner:

(i) Shall undergo intensive substance abuse treatment by an approved treatment facility;

(ii) Shall agree to abstain from the use of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101. Said prescriber shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided;

(iii) Must complete the prescribed aftercare/continuing care program of the intensive treatment facility. This may include individual and/or group psychotherapy;

(iv) Must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the appropriate monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc;

(v) Shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program;

(vi) Shall attend podiatric practitioner support groups facilitated by health care professionals and/or twelve-step group meetings as specified by the contract;

(vii) Shall comply with specified employment conditions and restrictions as defined by the contract;

(viii) Shall sign a waiver allowing the approved monitoring program to release information to the board if the podiatric practitioner does not comply with the requirements of the contract;

(c) Is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse/dependency treatment, random urine screens and other personal expenses incurred in compliance with the contract;

(d) May be subject to disciplinary action under RCW 18.130.160 and 18.130.180 if the podiatric practitioner does not consent to be referred to the approved monitoring program, does not comply with specified practice restrictions, or does not successfully complete the program.

(2) A podiatric practitioner who is not being investigated by the board or subject to current disciplinary action, not currently being monitored by the board for substance abuse or dependency, may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 and 18.130.180 for their substance abuse/dependency, and shall not have their participation made known to the board if they continue to satisfactorily meet the requirements of the approved monitoring program. The podiatric practitioner:

(a) Shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by a health care professional with expertise in chemical dependency;

(b) Shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to: The podiatric practitioner:

(i) Shall undergo intensive substance abuse treatment by an approved treatment facility;

(ii) Shall agree to abstain from the use of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101. Said prescriber shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided;

(iii) Must complete the prescribed aftercare/continuing care program of the intensive treatment facility. This may include individual and/or group therapy;

(iv) Must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc;

(v) Shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program;

(vi) Shall attend podiatric practitioner support groups facilitated by a health care professional and/or twelve-step group meetings as specified by the contract;

(vii) Shall comply with specified employment conditions and restrictions as defined by the contract;

(viii) Shall sign a waiver allowing the approved monitoring program to release information to the board if the podiatric practitioner does not comply with the requirements of the contract. The podiatric practitioner may be subject to disciplinary action under RCW 18.130.160 and 18.130.180 for noncompliance with the contract or if he/she does not successfully complete the program;

(c) Is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse/dependency treatment, random urine screens, and other personal expenses incurred in compliance with the contract.

[Statutory Authority: RCW 18.22.015 and chapter 18.22 RCW. 94-14-082, § 246-922-415, filed 7/5/94, effective 8/5/94.]

**WAC 246-922-500 Adjudicative proceedings.** The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.22.015 and 18.130.050. 94-09-008, § 246-922-500, filed 4/11/94, effective 5/12/94.]

**WAC 246-922-990 Podiatry fees and renewal cycle.**  
(1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2, except for postgraduate training limited licenses.

(2) Postgraduate training limited licenses must be renewed every year to correspond to program dates.

(3) The following nonrefundable fees will be charged:

Title of Fee	Fee
Application (examination and reexamination)	\$825.00
Reciprocity application	825.00
License renewal	825.00
Inactive license renewal	135.00
Inactive late renewal penalty	67.50
Active late renewal penalty	300.00
Active expired license reissuance	300.00
Expired inactive license reissuance	67.50
Duplicate license	30.00
Certification of license	50.00
Retired active status	150.00
Temporary practice permit	50.00
Limited license application	400.00
Limited license renewal	480.00
Substance abuse monitoring surcharge	25.00

[Statutory Authority: RCW 43.70.250, 2001 2nd sp.s. c 7 and RCW 18.22.120. 01-23-101, § 246-922-990, filed 11/21/01, effective 1/21/02. Statutory Authority: RCW 43.70.250. 99-24-064, § 246-922-990, filed 11/29/99, effective 12/30/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-922-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250 and chapters 18.57, 18.57A, 18.22 and 18.59 RCW. 94-22-055, § 246-922-990, filed 11/1/94, effective 1/1/95. Statutory Authority: RCW 43.70.250. 92-14-053 (Order 280), § 246-922-990, filed 6/25/92, effective 7/26/92; 91-13-002 (Order 173), § 246-922-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-05-029 (Order 134), recodified as § 246-922-990, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 43.70.250 and chapter 18.22 RCW. 90-16-057 (Order 072), § 308-31-055, filed 7/27/90, effective 8/27/90. Statutory Authority: RCW 43.24.086. 89-17-156, § 308-31-055, filed 8/23/89, effective 9/23/89; 87-18-031 (Order PM 667), § 308-31-055, filed 8/27/87. Statutory Authority: 1983 c 168 § 12. 83-22-060 (Order PL 446), § 308-31-055, filed 11/2/83; 83-17-031 (Order PL 442), § 308-31-055, filed 8/10/83. Formerly WAC 308-31-310.]

**WAC 246-922-995 Conversion to a birthday renewal cycle.** (1) The annual license renewal date is changed to coincide with the practitioner's birthday.

(2) Renewal fees will be prorated during the transition period while renewal dates are changed to coincide with the practitioner's birthday.

(3) After the initial conversion to a staggered system, practitioners will annually renew their license on their birthday at the current renewal rate.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-922-995, filed 2/13/98, effective 3/16/98.]

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## Chapter 246-924 WAC

### PSYCHOLOGISTS

#### WAC

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246-924-030	Guidelines for the employment and/or supervision of auxiliary staff.
246-924-040	Psychologists—Education prerequisite to licensing.
246-924-050	Psychologists—Education prerequisites to licensing for applicants enrolled in a doctoral program between December 28, 1978 to October 19, 1987.
246-924-055	Psychologists—Educational prerequisites to licensing for applicants enrolled in a doctoral program prior to December 28, 1978.
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#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-924-120	Psychologists—Renewal of licenses. [Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-120, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-120, filed 1/28/91, effective 2/28/91. Statutory Authority: 1988 c 206 § 604. 88-23-059 (Order PM 798), § 308-122-350, filed 11/15/88; Order PL 227, § 308-122-350, filed 11/5/75; Order PL 177, § 308-122-350, filed 10/15/74.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
246-924-190	Staggered effective periods for new continuing education rules, WAC 308-122-563 through 308-122-583. [Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-190, filed 1/28/91, effective

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246-924-200	2/28/91.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5). Continuing education—General requirements. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-200, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-505, filed 2/5/86; Order PL 276, § 308-122-505, filed 11/16/77.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).	246-924-380	RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-620, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. Moral and legal standards. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-380, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-630, filed 2/5/86.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.
246-924-210	Continuing education—Categories of creditable activities. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-210, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-510, filed 11/16/77.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).	246-924-390	Public statements. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-390, filed 1/28/91, effective 2/28/91; 88-09-029 (Order PM 722), § 308-122-640, filed 4/15/88. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-640, filed 2/5/86; 85-06-044 (Order PL 522), § 308-122-640, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.
246-924-220	Continuing education—Categories of creditable activities. [Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-220, filed 1/28/91, effective 2/28/91.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).	246-924-400	Confidentiality. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-400, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-650, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.
246-924-260	Continuing education—Enforcement. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-260, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-530, filed 11/16/77.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).	246-924-410	Welfare of the consumer. [Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-410, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-410, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-660, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.
246-924-270	Continuing education—Exemptions. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-270, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-535, filed 11/16/77.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).	246-924-420	Professional relationships. [Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-420, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-420, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-670, filed 2/5/86.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.
246-924-280	Continuing education—Program or course approval. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-280, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-540, filed 11/16/77.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).	246-924-430	Assessment techniques. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-430, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-680, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.
246-924-290	Continuing education—Certification of compliance. [Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-290, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-290, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-545, filed 11/16/77.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.	246-924-440	Research with human participants. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-440, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-690, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.
246-924-310	Continuing education—Special considerations. [Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-310, filed 1/28/91, effective 2/28/91.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).	246-924-450	Care and use of animals. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-450, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-695, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.
246-924-320	Continuing education—Enforcement. [Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-320, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-320, filed 1/28/91, effective 2/28/91.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.	246-924-460	Telephone directory listings. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-460, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.070(3). 85-06-043 (Order PL 521), § 308-122-700, filed 3/5/85.] Repealed by 94-12-039, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5).
246-924-340	Continuing education—Program or course approval. [Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-340, filed 1/28/91, effective 2/28/91.] Repealed by 99-14-075, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 18.83.090.	246-924-490	Responsibility for maintaining mailing address on file with the board. [Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-490, filed 5/25/94, effective 6/25/94.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
246-924-350	Code of ethics—General considerations. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-350, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-600, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.		
246-924-360	Responsibility. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-360, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-610, filed 3/5/85.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.		
246-924-370	Competence. [Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-370, filed 1/28/91, effective 2/28/91. Statutory Authority:		

**WAC 246-924-001 Guidelines for the promulgation of administrative rules.** The examining board of psychology shall not promulgate rules which restrict access to information from applicant/employee psychological evaluations sought by public safety agencies.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-001, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(1). 86-19-061 (Order PM 616), § 308-122-001, filed 9/16/86.]

**WAC 246-924-010 Definitions.** (1) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(2) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-010, filed 1/28/91, effective 2/28/91. Statutory Authority: 1988 c 206 § 604. 88-23-059 (Order PM 798), § 308-122-005, filed 11/15/88.]

**WAC 246-924-020 Applications for licensure.** Effective January 1, 1989, persons applying for licensure or certification shall submit, in addition to the other requirements, evidence to show compliance with the educational requirements of WAC 246-924-110.

[Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-020, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-020, filed 1/28/91, effective 2/28/91. Statutory Authority: 1988 c 206 § 604. 88-23-059 (Order PM 798), § 308-122-006, filed 11/15/88.]

**WAC 246-924-030 Guidelines for the employment and/or supervision of auxiliary staff.** (1) Qualifications of the supervisor: The supervisor shall be licensed in Washington state for the practice of psychology and have adequate training, knowledge, and skill to evaluate the competence of the work of the auxiliary staff. The supervisor may not be employed by the auxiliary staff.

(2) Qualifications of the auxiliary staff: The staff person must have the background, training, and experience that is appropriate to the functions performed. The supervisor is responsible for determining the adequacy of the qualifications of the staff person and the designation of his/her title.

(3) Responsibilities of the supervisor: The supervisor accepts full legal and professional responsibility for all services that may be rendered by the auxiliary staff. To this end, the supervisor shall have sufficient knowledge of all clients, including face-to-face contact when necessary, in order to plan and assure the delivery of effective services. The supervisor is responsible for assuring that appropriate supervision is available or present at all times. The supervisor is responsible for assuring that auxiliary staff are informed of and adhere to requirements of confidentiality. The supervisor shall assure that the staff person providing services is appropriately covered by professional liability insurance and adheres to accepted business practices.

(4) Conduct of supervision: It is recognized that variability in preparation for duties to be assumed will require individually tailored supervision. In the case of auxiliary staff

providing psychological services, a detailed job description shall be developed and a contract for supervision prepared.

(5) Conduct of services that may be provided by auxiliary staff: Procedures to be carried out by the auxiliary staff shall be planned in consultation with the supervisor. Clients of the auxiliary staff shall be informed as to his/her status and shall be given specific information as to his/her qualifications and functions. Clients shall be informed of the identity of the supervisor. They shall be informed that they might meet with the supervisor at their own request, the auxiliary staff person's or the supervisor's request. Written reports and communications shall be countersigned by the supervisor.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-030, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-060, filed 2/5/86.]

**WAC 246-924-040 Psychologists—Education prerequisite to licensing.** This rule shall apply for applicants enrolled after October 19, 1987, in a program leading to a doctoral degree. To meet the education requirement of RCW 18.83.070, an applicant shall possess a doctoral degree from an institution of higher education accredited in the region in which the doctoral program is offered at the time the applicant's degree was awarded. In that doctoral program, at least forty semester hours, or sixty quarter-hours, of graduate courses shall have been passed successfully, and can be clearly identified by title and course content as being part of a psychology program. One of the standards for issuance of said degree shall have been the submission of an original dissertation which was psychological in nature. Endorsement by the program administrator shall be requested and considered.

An integrated program of graduate study in psychology shall be defined as follows:

(1) The following defines the organizational structure of the program:

(a) The program shall be clearly identified and labeled as a psychology program. Pertinent catalogues and brochures shall show intent to educate and train psychologists.

(b) The psychology program shall stand as a recognized, coherent, entity within the institution.

(c) There shall be a clear authority and primary responsibility for the core and specialty areas, whether or not the program cuts across administrative lines.

(d) There shall be an organized sequence of study planned by those responsible for the program to provide an appropriate, integrated experience covering the field of psychology.

(e) There shall be an identifiable psychology faculty and a psychologist administratively responsible for the program.

(f) There shall be an identified body of students selected on the basis of high ability and appropriate educational preparation.

(2) The following defines the academic program:

(a) The curriculum shall encompass a minimum of three academic years of full-time graduate study or their equivalent. The doctoral program shall involve at least one continuous year of full-time residency at the institution which grants the degree. A minimum of seven hundred fifty hours of student-faculty contact involving face-to-face individual or group educational meetings shall be considered in lieu of one

year residency. Such educational meetings must include both faculty-student and student-student interaction, be conducted by the psychology faculty of the institution at least seventy-five percent of the time, be fully documented by the institution and the applicant, and relate substantially to the program components specified. The applicant shall clearly have had instruction in: History and systems, research design and methodology, statistics and psychometrics. The program shall require each student to complete three or more semester hours (five or more quarter-hours) of core study in each of the following content areas:

(i) Biological bases of behavior (physiological psychology, comparative psychology, neurobases, sensation and perception, biological bases of development);

(ii) Cognitive-affective bases of behavior (learning, thinking, motivation, emotion, cognitive development);

(iii) Social bases of behavior (social psychology, organizational theory, community psychology, social development);

(iv) Individual differences (personality theory, psychopathology); and

(v) Scientific and professional ethics.

(b) The program shall include practicum, internship, field or laboratory experience appropriate to the area of psychology that is the student's major emphasis.

(3) If the major emphasis is in clinical, counseling, school or other applied area, the program shall include coordinated practicum and internship experience.

(a) Practicum experience shall total at least two semesters (three quarters) and consist of a total of at least 300 hours of direct experience and 100 hours of supervision.

(b) The practica shall be followed by an organized internship. Predoctoral internship programs accredited by the American Psychological Association and/or the Association of Psychology Postdoctoral and Internship Centers shall be accepted by the board as meeting this requirement. Otherwise, an organized internship shall be as follows:

(i) The internship shall be designed to provide a planned, programmed sequence of training experiences, the primary focus of which is to assure breadth and quality of training.

(ii) The internship setting shall have a clearly designated psychologist who is responsible for the integrity and quality of the training program and who is licensed/certified by the state/provincial board of psychology examiners.

(iii) The internship setting shall have two or more psychologists available as supervisors, at least one of whom is licensed/certified as a psychologist.

(iv) Supervision shall be provided by the person who is responsible for the cases being supervised. At least seventy-five percent of the supervision shall be provided by a psychologist(s).

(v) At least twenty-five percent of the intern's time shall be spent in direct client contact (minimum 375 hours) providing assessment and intervention services.

(vi) There shall be a minimum of 2 hours per week of regularly scheduled, formal, face-to-face individual supervision with the specific intent of dealing with the direct psychological services rendered by the intern. There shall also be a minimum of 2 hours of other learning activities such as: Case conferences, seminars on applied issues, co-therapy with a staff person including discussion, group supervision.

(vii) Supervision/training relating to ethics shall be an ongoing aspect of the internship program.

(viii) Trainees shall have titles such as "intern," "resident," "fellow," or other designation of trainee status.

(ix) The internship setting shall have a written statement or brochure describing the goals and content of the internship, stating clear expectations and quality of trainees' work, and made available to prospective interns.

(x) The internship experience shall consist of at least 1500 hours and shall be completed within twenty-four months.

(4) Applicants for licensure who obtained degrees from foreign universities shall first submit, at their own expense, their credentials to an independent, private professional organization approved by the board to establish equivalency of training required by this section.

[Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-040, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-06-092 (Order 335B), § 246-924-040, filed 3/3/93, effective 4/3/93. Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-040, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-040, filed 1/28/91, effective 2/28/91; 88-09-029 (Order PM 722), § 308-122-200, filed 4/15/88. Statutory Authority: RCW 18.83.050(2) and 18.83.070(2). 87-19-096 (Order PM 678), § 308-122-200, filed 9/17/87. Statutory Authority: Chapter 18.83 RCW. 78-12-046 (Order PL 293), § 308-122-200, filed 11/27/78; Order PL-245, § 308-122-200, filed 4/15/76.]

**WAC 246-924-050 Psychologists—Education prerequisites to licensing for applicants enrolled in a doctoral program between December 28, 1978 to October 19, 1987.**

(1) This rule applies for applicants enrolled between December 28, 1978 and October 19, 1987 in a program leading to a doctoral degree. To meet the education requirement imposed by the statute, an applicant must possess a doctoral degree from a training institution approved by the board in which at least forty semester hours, or sixty quarter-hours, of graduate courses were passed successfully, and were clearly identified by title and course content as being primarily psychological in nature, as determined by the board. Part of the standards for issuance of said degree must require the submission of an original dissertation which must be psychological in nature, as determined by the board.

(2) The following guidelines define the "academic core" of study that should have been completed by each applicant:

(a) Programs accredited by the American Psychological Association are recognized as one way of meeting the definition of a professional psychology program. The criteria for accreditation serve as a model for professional training.

(b) Training in professional psychology is doctoral training offered in regionally accredited institution of higher education.

(c) The program must be clearly identified and labeled as a psychology program. Pertinent catalogues and brochures must show intent to educate and train professional psychologists.

(d) The psychology program must stand as a recognizable, coherent, organizational entity within the institution.

(e) There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines.

(f) There must be an organized sequence of study planned by those responsible for the training program to provide an appropriate, integrated, experience applicable to the professional practice of psychology.

(g) There must be an identifiable psychology faculty and a psychologist responsible for the program.

(h) There must be an identifiable body of students, selected on the basis of high ability and appropriate educational preparation.

(i) Programs must include practicum, internship, field or laboratory experience appropriate to the practice of psychology.

(j) The curriculum should encompass a minimum (or equivalent) of three academic years of full-time graduate study. The doctoral program should involve at least one continuous year of full-time residency at the university at which the degree is granted. Instruction should include scientific and professional ethics and standards, history and systems: Research design and methodology; statistics and psychometrics. The core program should also require each student to obtain an academic background of the following content areas (typically six or more semester hours):

(i) Biological bases of behavior: e.g., physiological psychology, comparative, neuropsychology, sensation and perception, psychopharmacology.

(ii) Cognitive-affective bases of behavior: e.g., learning, thinking, motivation, emotions.

(iii) Social bases of behavior: e.g., social, psychology, group processes, organizational and systems theory.

(iv) Individual differences: e.g., personality theory, human development, abnormal psychology.

(3) If the major emphasis is in an applied area such as clinical, counseling, school or other pertinent areas, the program must include a set of coordinated practicum and internship experiences which total at least two semesters in the practicum setting, and additionally a "one-year" internship. A minimum of 300 hours of practicum, including 100 hours of scheduled individual supervision, should precede the internship.

(4) The psychological services offered in the internship program in "Standards for providers of psychological services" published by the American Psychological Association and/or the Association of Psychology Postdoctoral and Internship Centers may be used as a framework for the internship program. The board also recognizes other quality internship programs.

[Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-050, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-06-092 (Order 335B), § 246-924-050, filed 3/3/93, effective 4/3/93. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-050, filed 1/28/91, effective 2/28/91; 89-11-054 (Order PM 845), § 308-122-211, filed 5/17/89.]

**WAC 246-924-055 Psychologists—Educational prerequisites to licensing for applicants enrolled in a doctoral program prior to December 28, 1978.** This section shall apply to applicants enrolled in a program leading to a doctoral degree prior to December 28, 1978. To meet the education requirement imposed by the statute, the applicant must possess a doctoral degree from a training institution approved by the board in which at least forty semester hours, or sixty

quarter hours, of graduate courses were passed successfully, and were clearly identified by title and course content as being primarily psychological in nature, as determined by the board. Part of the standards for issuance of said degree must require the submission of an original dissertation which must be psychological in nature, as determined by the board.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-06-092 (Order 335B), § 246-924-055, filed 3/3/93, effective 4/3/93.]

**WAC 246-924-060 Psychologists—Experience prerequisite to licensing.** This section shall apply to applicants whose post-doctoral experience was commenced after March 5, 1985.

(1) Need for supervision. The law requires that the applicant have at least twelve months experience practicing psychology under qualified supervision after having completed all requirements for a doctoral degree. Supervision must be appropriate to the area(s) of professional activity in which the candidate intends to function.

(2) Twelve months of experience shall include a MINIMUM of 1500 supervised clock hours of psychological work. There should be a MINIMUM of one hour of individual supervision for every twenty hours of psychological work. The majority of supervised hours should be in the area(s) of intended psychological work. Documentation of experience and supervision hours shall be kept by supervisee and supervisor. The supervisor(s) shall forward to the board a written evaluation at the end of the twelve-month period, and shall indicate whether the supervisee has satisfactorily completed the supervised clock hours of psychological work. If any supervisor's(s') written evaluation indicates that the supervisee has failed to satisfactorily complete the required work, the board may require additional supervised clock hours of psychological work.

(3) Appropriate supervision is that provided by a licensed psychologist with two years post-license experience, a psychiatrist with three years of experience beyond residency, or an MSW with five years post-degree experience or a doctoral level psychologist by training and degree with two years of post-doctoral experience who is exempt from licensure by RCW 18.83.200 (1); (2); (3); or, (4), but only when supervising within the exempt setting. At least 50 percent of supervision must be provided by a licensed psychologist. The supervisor must have competence in the area(s) of intended psychological work of the supervisee. The supervisor shall not supervise in any area in which he or she does not have competence.

(4) Content of supervision. Supervision should include, but not be limited to, the following content area:

- (a) Discussion of services provided by the supervisee;
- (b) Selection, service plan, and review of each case or work unit of the supervisee;
- (c) Discussion of and instruction in theoretical conceptions underlying the supervised work;
- (d) Discussion of the management of professional practice or other administrative or business issues;
- (e) Evaluation of the supervisory process, supervisee, and supervisor;
- (f) Discussion of the coordination of services among other professionals involved in particular work units;

(g) Review of relevant Washington laws and rules and regulations;

(h) Discussion of ethical principles including principles that apply to current work;

(i) Review of standards for providers of psychological services;

(j) Discussion of other relevant reading materials specific to cases, ethical issues, and the supervisory process.

(5) Mode of supervision. The nature of supervision will vary depending on the theoretical orientation of the supervisor, the training and experience of the supervisee, and the duration of the supervisory relationship. It is reasonable for a supervisor to ask for detailed process notes and progress reports. Audio tapes, video tapes, client supplied information such as behavioral ratings, and one-way mirror observations are also appropriate when deemed useful and/or necessary. However accomplished, supervision shall include some direct observation of the supervisee's work. The preferred mode of supervision is face-to-face discussion between supervisor and supervisee.

(6) Authority of supervisor. The supervisor is ethically and legally responsible for all supervisee work covered in the written agreement for supervision. Therefore, it is the authority of the supervisor to alter service plans or otherwise direct the course of psychological work.

(7) Written agreement for supervision. The supervisor and supervisee shall have a written agreement for supervision. This shall include:

(a) The area(s) of professional activity in which supervision will occur;

(b) Hours of supervision and/or ratio of supervisory hours or professional hours;

(c) Supervisory fees, if appropriate;

(d) Process of supervision including mode of supervision, expectations for recordkeeping, and expectations for evaluation and feedback;

(e) Relevant business arrangements;

(f) How the supervisee will represent him or herself;

(g) How disagreements will be handled.

(8) Representation of supervisee to the public. It shall be the responsibility of the supervisee to represent him or herself to the consuming public as being in training status with a suitable supervisor. Clients shall be informed of the identity and responsibilities of the supervisor; and shall be informed of their right to consult or speak directly with the supervisor. Such titles as psychological resident, psychological intern or psychological supervisee, are deemed appropriate for the supervisee. NO services provided by the supervisee shall be represented to third parties as having been provided by the supervisor. Insurance forms should be filled out to indicate the nature of the supervisory relationship.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-06-092 (Order 335B), § 246-924-060, filed 3/3/93, effective 4/3/93. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-060, filed 1/28/91, effective 2/28/91; 88-09-029 (Order PM 722), § 308-122-215, filed 4/15/88. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-215, filed 2/5/86. Statutory Authority: RCW 18.83.070(3). 85-06-043 (Order PL 521), § 308-122-215, filed 3/5/85.]

**WAC 246-924-065 Psychologists—Experience requirement prerequisite to licensing for experience prior to March 5, 1985.** This section shall apply to applicants

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whose post-doctoral experience was commenced prior to March 5, 1985.

(1) The applicant shall have at least one year experience practicing psychology under qualified supervision after completion of all requirements for a doctoral degree. Such supervision shall be appropriate to the area of professional activity in which the applicant intended or intends to function. To be considered qualifying experience, the applicant must have worked under the direct supervision of a licensed psychologist or other professional deemed appropriate by the board. Supervision includes an ongoing awareness of all aspects of the activities of the person being supervised within the operational setting. The amount and intensity of supervision must be appropriate to the applicant's level of training and experience. A year of experience consists of a minimum of 1500 supervised clock hours. Functioning as an autonomous provider of psychological services and independent individual or group practice will not ordinarily be considered as meeting the experience requirement.

(2) In addition, the following considerations apply for experience commenced after December 27, 1978.

(a) In clinical and counseling areas, supervision should include selection of cases, assessment, treatment plan, ongoing treatment, and termination.

(b) With respect to teaching, supervision should include discussion of course outline(s), discussion of teaching and evaluation methods, and direct observation and/or review of taped class lectures and discussions.

(c) Regarding school psychology, supervision should include application of appropriate rules and regulations as promulgated by the office of the superintendent of public instruction, assessment procedures, psychological reporting, consultation, and follow through.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-06-092 (Order 335B), § 246-924-065, filed 3/3/93, effective 4/3/93.]

**WAC 246-924-070 Psychologists—Written examination.** Written examination requirements: The written examination that is used in the state of Washington is the examination of professional practice of psychology. The examination consists of objective multiple choice questions covering the major areas of psychology. Each form of the examination contains between 150 and 200 items in the areas listed below:

(1) Background information, including physiological psychology and comparative psychology, learning, history, theory and systems, sensation and perception, motivation, social psychology, personality, cognitive processes, developmental psychology and psychopharmacology.

(2) Methodology including research design and interpretation, statistics, test construction and interpretation, scaling.

(3) Clinical psychology including test usage and interpretation, diagnosis, psychopathology, therapy, judgment in clinical situations, community mental health.

(4) Behavior modification including learning and applications.

(5) Other specialties including management consulting, industrial and human engineering, social psychology, t-groups, counseling and guidance, communication systems analysis.

(6) Professional conduct and ethics including inter-disciplinary relations and knowledge of professional affairs.

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The cutoff score which the Washington state board of examiners uses is 70% of the raw score, or the national mean of all first time doctorates, whichever is the lowest.

[Statutory Authority: RCW 18.83.050. 93-07-078 (Order 349B), § 246-924-070, filed 3/18/93, effective 4/18/93; 91-04-020 (Order 117B), recodified as § 246-924-070, filed 1/28/91, effective 2/28/91; 82-18-073 (Order PL 404), § 308-122-220, filed 9/1/82; 80-07-010 (Order PL 346), § 308-122-220, filed 6/9/80; 79-08-009 (Order PL-309), § 308-122-220, filed 7/9/79; Order PL-245, § 308-122-220, filed 4/15/76.]

**WAC 246-924-080 Psychology examination—Application submittal date.** To be eligible to take any particular written examination, an applicant for licensure must file his or her application and examination administration fee with the department of health not less than sixty days prior to the examination date. In the case of late filing, the time requirement for filing may be reduced if good cause for the late filing is shown and the application can still be processed prior to the examination date.

Examinations are normally held in April and October of each year.

[Statutory Authority: RCW 18.130.250 and 18.83.050. 96-08-007, § 246-924-080, filed 3/22/96, effective 4/22/96. Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-080, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-080, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.030, 18.83.050 and 18.83.060. 79-08-008 (Order PL-308), § 308-122-225, filed 7/9/79.]

**WAC 246-924-090 Psychologists—Oral examination.** Oral examination: The oral exam covers the same core issues for all candidates ranging through four major foci:

- (1) Professional judgment in areas of stated competence;
- (2) Knowledge of state laws pertaining to psychologist and psychological ethics;
- (3) Knowledge and skills in area of stated competence. The candidate must be able to articulate and relate conceptual rationale and methodological interventions;
- (4) Adequacy of candidate's professional training, supervision and experience.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-090, filed 1/28/91, effective 2/28/91; 79-08-009 (Order PL-309), § 308-122-230, filed 7/9/79; Order PL-245, § 308-122-230, filed 4/15/76.]

**WAC 246-924-095 Failure of oral examination.** After an oral examination failure, an applicant shall sit for reexamination as follows:

- (1) First reexamination: At the next administration date or any subsequent administration date;
- (2) Second reexamination: At least one year after the date of the first reexamination;
- (3) Successive reexamination: At least one year after the date of the previous reexamination and after having shown adequate proof of meeting any additional professional training required by the board.

[Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-095, filed 5/25/94, effective 6/25/94.]

**WAC 246-924-100 Qualifications for granting of license by endorsement.** (1) Candidates applying for licensure pursuant to the provisions of RCW 18.83.170 (1) and (2) shall:

(a) Provide evidence of meeting the educational requirements set forth in RCW 18.83.070 in effect at the time the applicant entered his/her doctoral program;

(b) Pass the oral examination administered by the board pursuant to RCW 18.83.050.

(2) Candidates applying for licensure pursuant to the provisions of RCW 18.83.170(3) shall:

(a) Pass the oral examination administered by the board pursuant to RCW 18.83.050.

[Statutory Authority: RCW 18.83.050(5). 93-21-024, § 246-924-100, filed 10/13/93, effective 11/13/93. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-100, filed 1/28/91, effective 2/28/91; 88-09-029 (Order PM 722), § 308-122-235, filed 4/15/88.]

**WAC 246-924-110 AIDS education and training.** Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-924-110, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-110, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-110, filed 1/28/91, effective 2/28/91. Statutory Authority: 1988 c 206 § 604. 88-23-059 (Order PM 798), § 308-122-280, filed 11/15/88.]

**WAC 246-924-115 Brief adjudicative proceedings—Denials based on failure to meet education, experience, or examination prerequisites for licensure.** The board adopts RCW 34.05.482 and 34.05.485 through 34.05.494 for adjudicative proceedings requested by applicants, who are denied a license under chapter 18.83 RCW for failure to meet the education, experience, or examination prerequisites for licensure. The sole issue at the adjudicative proceeding shall be whether the applicant meets the education, experience, and examination prerequisites for the issuance of a license.

[Statutory Authority: RCW 18.83.050 and chapter 18.83 RCW. 92-20-029 (Order 304B), § 246-924-115, filed 9/28/92, effective 10/29/92.]

**WAC 246-924-130 Certificates of qualification.** Certificates of qualification shall not be granted. Those holding certificates of qualification as of July 1, 1990, shall continue to be in conformance with WAC 246-924-140, 246-924-150, and 246-924-160.

[Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-130, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-130, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-130, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.090. 89-19-053 (Order PM 862), § 308-122-360, filed 9/19/89, effective 10/20/89; Order PL 202, § 308-122-360, filed 10/1/75.]

**WAC 246-924-140 Certificates of qualification—Title.** Applicants receiving the certificates of qualification shall hold the title of "psychological assistant," unless the board approves the applicant's petition to work without immediate supervision in which case the applicant shall hold the title of "psychological affiliate."

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-140, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.090. 89-19-053 (Order PM 862), § 308-122-370, filed 9/19/89, effective 10/20/89; Order PL 202, § 308-122-370, filed 10/1/75.]

**WAC 246-924-150 Certificates of qualification—Procedure for additional areas of function.** A person

receiving a certificate of qualification may apply for certification in an additional area of function by updating his/her application form and references, submitting the required fee and by taking an oral examination in the new area following the procedures outlined above.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-150, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.090. 89-19-053 (Order PM 862), § 308-122-430, filed 9/19/89, effective 10/20/89; Order PL 202, § 308-122-430, filed 10/1/75.]

**WAC 246-924-160 Continued supervision of persons receiving certificates of qualification.** (1) The law states that the holder of a certificate of qualification must perform psychological functions "under the periodic direct supervision of a psychologist licensed by the board." The board's interpretation of this statement is that the psychological assistant is certified *in tandem* with a licensed psychologist and not in his or her own right. That is, the board will evaluate simultaneously the professional capabilities of the applicant and the qualifications of the licensed psychologist to supervise the assistant in the specific professional functions outlined by the assistant. The board's approval of an association between a psychological assistant and a licensed psychologist is done purely on an examination of the professional qualifications of the two parties concerned and on the execution of an agreement between the two of them as proposed supervisor and supervisee. The board in no way involves itself with the specific work conditions, fees, salaries, and related factors except insofar as they have a bearing on the quality of the professional relationship or services offered to the public.

(2) The applicant must indicate on the application form, in detail, his or her areas of intended practice. After initial screening (evaluation of the person's education, experience and supervision) and passing the national written examination, the applicant shall furnish the board with a plan for continued supervision which will include detailed information regarding the supervisor which indicates an agreement to supervise. The board will use this information in conjunction with the oral examination to assess the supervision plans.

(3) Minimum supervision shall entail discussion of the assistant's work through regularly scheduled contacts with the supervisor at appropriate intervals. Whenever possible, supervision should consist of occasional direct observation or review of taped case material. The supervisor shall be responsible for preparing evaluative reports of the assistant's performance, which will be forwarded to the division of professional licensing on a periodic basis.

(4) When a licensed psychologist assumes the responsibility of supervision, he or she shares the professional and ethical responsibility for the nature and quality of all of the psychological services as the assistant may provide. Failure to provide supervision when such a relationship is claimed may result in appropriate action against the license of the supervisor.

(5) Interruption or termination of a supervisory relationship shall be promptly communicated to the division of professional licensing.

(6) In every case where psychological testing is done and a report is written based on that testing by a psychological assistant, the supervising licensed psychologist will counter-sign the report indicating his approval.

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(7) An applicant or holder of a certificate may apply to the board for authority to work without immediate supervision in particular areas of function. In these cases the board may require further evidence of proficiency. Even though the immediate supervision requirement is waived for the psychological affiliate, periodic supervisory consultation as deemed appropriate by the board is required. Evidence of supervisory consultation must be submitted to the division of professional licensing with the annual license fee.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-160, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.090. 89-19-053 (Order PM 862), § 308-122-440, filed 9/19/89, effective 10/20/89; Order PL 202, § 308-122-440, filed 10/1/75.]

**WAC 246-924-170 Certificates of qualification—Representations to clients.** (1) Each client of the psychological assistant or psychological affiliate must be informed of the nature of the assistant's or affiliate's professional status, the function in which he or she is certified, and the fact that said assistant is under the supervision of a licensed psychologist.

(2) Only psychological affiliates may advertise their services (e.g. representations of themselves in telephone directories and announcements and on business cards). In doing so, the affiliate must list the functions for which he or she is certified and state his or her academic degree.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-170, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.090. 89-19-053 (Order PM 862), § 308-122-450, filed 9/19/89, effective 10/20/89; Order PL 202, § 308-122-450, filed 10/1/75.]

**WAC 246-924-180 Continuing education—Purpose and scope.** The ultimate aim of continuing education is to ensure the highest quality of professional work. Continuing education consists of educational activities designed to review existing concepts and techniques and to convey information and knowledge about advances in psychology as applied to the work settings. The objectives are to improve and increase the ability of the psychologist to deliver the highest possible quality of psychological work and to keep the professional psychologist abreast of current developments in a rapidly changing field. All psychologists, licensed pursuant to chapter 18.83 RCW, and holders of certificates of qualification issued pursuant to RCW 18.83.105, will be required to meet the continuing education requirements set forth in these rules as a prerequisite to license renewal.

[Statutory Authority: RCW 18.83.090. 99-14-075, § 246-924-180, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-180, filed 1/28/91, effective 2/28/91.]

**WAC 246-924-230 Continuing education requirements.** (1) The Washington state board of psychology (hereafter referred to as the board) requires a minimum of sixty hours of continuing education (hereafter referred to as CE) every three years.

(2) A minimum of four hours credit in ethics must be included in the sixty hours required. Areas to be covered, depending on the licensee's primary area(s) of function are practice, consultation, research, teaching, and/or supervision.

(3) Faculty providing CE offerings shall meet the training and the full qualifications of their respective professions.

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All faculty shall have demonstrated an expertise in the areas in which they are instructing.

(4) The board reserves the right to require any licensee to submit evidence, e.g., course or program certificate of training, transcript, course or workshop brochure description, evidence of attendance, etc., in addition to the affidavit form in order to demonstrate compliance with the sixty hours CE requirement.

[Statutory Authority: RCW 18.83.090. 99-14-075, § 246-924-230, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-924-230, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-230, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-230, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-230, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-515, filed 11/16/77.]

**WAC 246-924-240 Definitions of categories of creditable CE.** All CE activities shall be directly relevant to maintaining or increasing professional or scientific competence in psychology. Courses or workshops primarily designed to increase practice income or office efficiency, while valuable to the licensee, are specifically noneligible for CE credit. Program sponsors or institutes should not apply for, nor expect to receive, prior or current board approval for CE status or category. Recognized activities shall include:

(1) Courses, seminars, workshops and post-doctoral institutes offered by educational institutions chartered by a state and recognized (accredited) by a regional association of schools, colleges and universities as providing graduate level course offerings. Such educational activities shall be recorded on an official transcript or certificate of completion.

(2) Courses (including correspondence courses), seminars, workshops and post-doctoral institutes sponsored by the American Psychological Association, regional or state psychological associations or their subchapters, psychology internship training centers, other professionally or scientifically recognized behavioral science organizations, and the board.

(3) Credit toward the CE requirement may be earned through teaching an approved CE program. Credit earned through teaching shall not exceed thirty hours every three years. Credit for teaching an approved CE program may be earned on the following basis:

(a) One credit hour for each sixty minutes actually spent teaching the program for the first event. Credit may be conferred for teaching similar subject matter only if the psychologist has actually spent an equal or greater amount of preparation time updating the subject matter to be taught on a later occasion.

(b) One credit hour for each sixty minutes actually spent participating in a panel presentation.

[Statutory Authority: RCW 18.83.090. 99-14-075, § 246-924-240, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-240, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-240, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-240, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-520, filed 11/16/77.]

**WAC 246-924-250 Continuing education—Special considerations.** In lieu (total or partial) of sixty hours of CE the board may consider credit hour approval and acceptance

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of other programs as they are developed and implemented, such as:

(1) Compliance with a CE program developed by the American Psychological Association which provides either a recognition award or certificate, may be evaluated and considered for partial or total fulfillment of the CE credit hour requirements of the board.

(2) Psychologists licensed in the state of Washington but practicing in a different state or country which has a mandatory or voluntary CE program may submit to the board evidence of completion of that other state's or country's CE requirements for evaluation and partial or total credit hour approval.

(3) Psychologists licensed in the state of Washington but practicing in a state, U.S. territory or foreign country without CE requirements, or who are not legally required to meet those CE requirements, may submit evidence of their CE activities pursued outside of Washington state directly to the board for evaluation and approval based on conformity to the board's CE requirements.

(4) The board may also accept evidence of diplomate award by the American Board of Professional Psychology (ABPP) and American Board of Psychological Hypnosis (ABPH) in lieu of sixty hours of CE for that three year period in which the diplomate was awarded.

(5) Credit hours may be earned for other specialty board or diploma certifications if and when such are established.

(6) In accordance with WAC 246-12-040 (2)(c)(ix), psychologists who have allowed their credential to expire for three years or more must document completion of forty hours of CE, of which four hours must be in ethics. This CE must have been obtained within the two most recent years immediately prior to reinstatement.

[Statutory Authority: RCW 18.83.090. 99-14-075, § 246-924-250, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 18.130.250 and 18.83.050. 96-08-007, § 246-924-250, filed 3/22/96, effective 4/22/96. Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-250, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-250, filed 1/28/91, effective 2/28/91; Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-525, filed 2/5/86; Order PL 276, § 308-122-525, filed 11/16/77.]

**WAC 246-924-300 Definition of acceptable documentation and proof of CE.** Licensees are responsible for acquiring and maintaining all acceptable documentation of their CE activities.

Acceptable documentation shall include transcripts, letters from course instructors, or certificate of completion or other formal certification. In all cases other than transcripts, the documentation must show the participant's name, the activity title, number of CE credit hours, date(s) of activity, faculty's name(s) and degree and the signature of verifying individual (program sponsor).

[Statutory Authority: RCW 18.83.090. 99-14-075, § 246-924-300, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 18.83.050(5). 94-12-039, § 246-924-300, filed 5/25/94, effective 6/25/94. Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-300, filed 1/28/91, effective 2/28/91.]

**WAC 246-924-330 Continuing education—Exemptions.** In the event a licensee fails to meet requirements, because of illness, retirement (with no further provision of

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psychological services to consumers), failure to renew, or other extenuating circumstances, each case will be considered by the board on an individual basis. When circumstances justify it, the board may grant a time extension. The board may, in its discretion, limit in part or in whole the provision of psychological services to the consumers until the CE requirements are met. In the case of retirement or illness, the board may grant indefinite waiver of CE as a requirement for relicensure, provided an affidavit is received indicating the psychologist is not providing psychological services to consumers. If such illness or retirement status is changed or consumer psychological services are resumed, it is incumbent upon the licensee to immediately notify the board and to resume meeting CE requirements for relicensure. CE credit hours will be prorated for the portion of that three year period involving resumption of such services.

[Statutory Authority: RCW 18.83.090, 99-14-075, § 246-924-330, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 18.83.050, 91-04-021 (Order 129B), § 246-924-330, filed 1/28/91, effective 2/28/91.]

**WAC 246-924-351 Rules of ethical conduct.** (1) Scope. The psychologist shall be governed by these rules of conduct whenever practicing as a psychologist.

(2) Responsibility for own actions. The psychologist shall be fully responsible for his/her own professional decisions and professional actions.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-351, filed 3/10/93, effective 4/10/93.]

**WAC 246-924-352 Definitions.** (1) "Client" means a recipient of psychological services or that person's legal guardian. A corporate entity or other organization can be a client when the professional contract is to provide services of primary benefit to the organization rather than to individuals.

(2) "Confidential client information" means information revealed by the client or otherwise obtained by a psychologist, where there is reasonable expectation, because of the relationship between the client and the psychologist, or the circumstances under which the information was revealed or obtained, that the information was private.

(3) "Supervisee" means any person who functions under the extended authority of the psychologist to provide psychological services or any person who is in training and provides psychological services.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-352, filed 3/10/93, effective 4/10/93.]

**WAC 246-924-353 Competence.** (1) Limits on practice. The psychologist shall limit practice to the areas in which he/she is competent. Competency at a minimum must be based upon appropriate education, training, or experience.

(2) Referral. The psychologist shall refer to other health care resources, legal authorities, or social service agencies when such referral is in the best interest of the client.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-353, filed 3/10/93, effective 4/10/93.]

**WAC 246-924-354 Maintenance and retention of records.** (1) The psychologist rendering professional services to a client or clients or rendering services billed to a

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third party payor, shall document services except as provided in (g) of this subsection. That documentation shall include:

- (a) The presenting problem(s), purpose or diagnosis;
  - (b) The fee arrangement;
  - (c) The date and service provided;
  - (d) A copy of all tests and evaluative reports prepared;
  - (e) Notation and results of formal consults including information obtained from other persons or agencies through a release of information;
  - (f) Progress notes reflecting on-going treatment and current status;
  - (g) If a client requests that no treatment records be kept and the psychologist agrees to the request, the request must be in writing and only the following must be retained:
    - (i) Identity of the recipient of services;
    - (ii) Service dates and fees;
    - (iii) Description of services;
    - (iv) Written request that no records be kept.
- (2) The psychologist shall not agree to the request if maintaining records is required by other state or federal law.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-354, filed 3/10/93, effective 4/10/93.]

**WAC 246-924-355 Continuity of care.** The psychologist shall make arrangements to deal with emergency needs of her/his clients during periods of anticipated absences from the psychologist's routine professional availability.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-355, filed 3/10/93, effective 4/10/93.]

**WAC 246-924-356 Impaired objectivity.** The psychologist shall not undertake or continue a professional relationship with a client when the competency of the psychologist is impaired due to mental, emotional, physical, pharmacological, or substance abuse conditions. If such a condition develops after a professional relationship has been initiated, the psychologist shall terminate the relationship in an appropriate manner, and shall assist the client in obtaining services from another professional.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-356, filed 3/10/93, effective 4/10/93.]

**WAC 246-924-357 Multiple relationships.** The psychologist shall not undertake or continue a professional relationship with a client when the objectivity or competency of the psychologist is impaired because of the psychologist's present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative, or legal relationship with the client or a person associated with or related to the client. When such relationship impairs objectivity, the psychologist shall terminate the professional relationship with adequate notice and in an appropriate manner; and shall assist the client in obtaining services from another professional.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-357, filed 3/10/93, effective 4/10/93.]

**WAC 246-924-358 Sexual misconduct.** (1) The psychologist shall never engage in sexual contact or sexual activity with current clients.

(2) Sexual contact or sexual activity is prohibited with a former client for two years after cessation or termination of professional services.

(3) The psychologist shall never engage in sexual contact or sexual activity with former clients if such contact or activity involves the abuse of the psychologist-client relationship. Factors which the board may consider in evaluating if the psychologist-client relationship has been abusive includes but is not limited to:

(a) The amount of time that has passed since therapy terminated;

(b) The nature and duration of the therapy;

(c) The circumstances of cessation or termination;

(d) The former client's personal history;

(e) The former client's current mental status;

(f) The likelihood of adverse impact on the former client and others; and

(g) Any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post termination sexual or romantic relationship with the former client.

(4) The psychologist shall never engage in sexually harassing or demeaning behavior with current or former clients.

(5) Psychologists do not accept as therapy patients or clients, persons with whom they have engaged in sexual contact or activity.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-358, filed 3/10/93, effective 4/10/93.]

**WAC 246-924-359 Client welfare.** (1) Providing explanation of procedures. The psychologist shall upon request give a truthful, understandable, and reasonably complete account of the client's condition to the client or to those responsible for the care of the client. The psychologist shall keep the client fully informed as to the purpose and nature of any evaluation, treatment, or other procedures, and of the client's right to freedom of choice regarding services provided subject to the exceptions contained in the Uniform Health Care Information Act, chapter 70.02 RCW.

(2) Termination of services. Whenever professional services are terminated, the psychologist shall offer to help locate alternative sources of professional services or assistance if necessary. Psychologists shall terminate a professional relationship when it would become clear to a reasonable, prudent psychologist that the client no longer needs the service, is not benefitting, or is being harmed by continued service.

(3) Stereotyping. In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

(4) Solicitation of business by clients. The psychologist shall not request or induce any client, who is not an organization, to solicit business on behalf of the psychologist.

(5) Referrals on request. When making referrals the psychologist shall do so in the best interest of the client. The referral shall not be motivated primarily by financial gain.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-359, filed 3/10/93, effective 4/10/93.]

**WAC 246-924-361 Exploiting supervisees and research subjects.** (1) Psychologists shall not exploit persons over whom they have supervisory, evaluative, or other authority such as students, supervisees, employees, research participants, clients, or patients.

(2) Psychologist shall not engage in sexual relationships with students or supervisees in training over whom the psychologist has evaluative or direct authority.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-361, filed 3/10/93, effective 4/10/93.]

**WAC 246-924-363 Protecting confidentiality of clients.** (1) In general. The psychologist shall safeguard the confidential information obtained in the course of practice, teaching, research, or other professional duties. With the exceptions set forth below, the psychologist shall disclose confidential information to others only with the informed written consent of the client.

When a corporation or other organization is the client, rules of confidentiality apply to information pertaining to the organization, including personal information about individuals when obtained in the proper course of that contract. Such information about individuals is subject to confidential control of the organization, not of the individual, and can be made available to the organization, unless the information was obtained in a separate professional relationship with that individual.

(2) Disclosure without informed written consent. The psychologist may disclose confidential information without the informed written consent of the client only in compliance with the Uniform Health Care Information Act, chapter 70.02 RCW.

(3) Services involving more than one interested party. In a situation in which more than one party has a legally recognized interest in the professional services rendered by the psychologist to a recipient, the psychologist shall, to the extent possible, clarify to all parties, in writing, prior to rendering the services the dimensions of confidentiality and professional responsibility that shall pertain in the rendering of services. Such clarification is specifically indicated, among other circumstances, when the client is an organization.

(4) Legally dependent clients. At the beginning of a professional relationship, to the extent that the client can understand, the psychologist shall inform a client who is under the age of thirteen or who has a legal guardian of the limit the law imposes on the right of confidentiality with respect to his/her communications with the psychologist. For clients between the age of thirteen and eighteen, the psychologist shall clarify any limits to confidentiality between the minor and legal guardians at the outset of services. The psychologist will act in the minor's best interests in deciding whether to disclose confidential information to the legal guardians without the minor's consent.

(5) Limited access to client records. The psychologist shall limit access to client records and shall ensure that all persons working under his/her authority are familiar with the requirements for confidentiality of client material.

(6) When rendering psychological services as part of a team which includes nonhealth care professionals, if the psychologist shares confidential information about the client when so authorized by the client, the psychologist shall

advise all persons receiving the information from the psychologist that the information should be maintained in a confidential manner.

(7) Reporting of abuse of children and vulnerable adults. The psychologist shall comply with chapter 26.44 RCW.

(8) Observation and electronic recording. The psychologist shall obtain documented informed consent of the client, guardian or agent for observed or electronically recorded sessions.

(9) Disguising confidential information. When case reports or other confidential information are used as the basis of teaching, research, or other published reports, the psychologist shall exercise reasonable care to insure that the reported material is appropriately disguised to prevent client identification.

(10) Confidentiality if client is deceased. The psychologist shall comply with the Uniform Health Care Information Act, chapter 70.02 RCW.

(11) Confidentiality after termination of professional relationship. The psychologist shall continue to treat information regarding a client as confidential after the professional relationship between the psychologist and the client has ceased.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-363, filed 3/10/93, effective 4/10/93.]

**WAC 246-924-364 Fees.** (1) Disclosure of cost of services. The psychologist shall not mislead or withhold from the client, a prospective client, or third party payor, information about the cost of his/her professional services. A psychologist may participate in bartering only if:

- (a) It is not clinically contraindicated; and
- (b) The bartering relationship is not exploitive.

(2) Reasonableness of fee. The psychologist shall not exploit the client or responsible payor by charging a fee that is excessive for the services performed or by entering into an exploitive bartering arrangement in lieu of a fee.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-364, filed 3/10/93, effective 4/10/93.]

**WAC 246-924-365 Assessment procedures.** (1) Communication of results. The psychologist shall accompany communication of assessment procedures and test results, including automated test results, with appropriate interpretive aids and explanations. Psychologists shall not rely exclusively on automated test results in performing assessments.

(2) Limitations regarding assessment results. When reporting of the results of an assessment procedure, the psychologist shall include any relevant reservations, qualifications or limitations which affect the validity, reliability, or other interpretation of results.

(3) Protection of integrity of assessment procedures. In publications, lectures, or public presentations, psychologists shall not reproduce or describe psychological tests or other devices in ways which might invalidate them.

(4) Psychologists shall maintain the integrity and security of tests and other assessment techniques consistent with contractual obligations and the law, including the Uniform Health Care Information Act, chapter 70.02 RCW.

(5) Advertising newly developed procedures. Information for professional users. The psychologist advertising for

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sale a newly developed assessment procedure or automated interpretation service to other professionals shall provide or make available a manual or other printed material which fully describes the development of the assessment procedure or service, the rationale, evidence of validity and reliability, and characteristics of the normative population. The psychologist shall explicitly state the purpose and application for which the procedure is recommended and identify special qualifications required to administer and interpret it properly. The psychologist shall ensure that the advertisements for the assessment procedure or interpretive service are factual and descriptive.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-365, filed 3/10/93, effective 4/10/93.]

**WAC 246-924-366 Fraud, misrepresentation, or deception.** The psychologist shall not use fraud, misrepresentation, or deception in obtaining a psychology license, in passing a psychology licensing examination, in assisting another to obtain a psychology license, or to pass a psychology licensing examination, in billing clients or third party payors, in providing psychological service, in reporting the results of psychological evaluations or services, or in conducting any other activity related to the practice of psychology.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-366, filed 3/10/93, effective 4/10/93.]

**WAC 246-924-367 Aiding illegal practice.** Delegating professional responsibility. The psychologist shall not delegate professional responsibilities to a person not qualified and/or not appropriately credentialed to provide such services.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-367, filed 3/10/93, effective 4/10/93.]

**WAC 246-924-470 Examination fees—Failure to appear at examination session.** Examination and examination administration fees shall be forfeited whenever a candidate fails to attend a scheduled examination session, except in the case of a bona fide emergency.

[Statutory Authority: RCW 18.130.250 and 18.83.050. 96-08-007, § 246-924-470, filed 3/22/96, effective 4/22/96. Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-470, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.070(3). 85-06-043 (Order PL 521), § 308-122-710, filed 3/5/85.]

**WAC 246-924-475 Model procedural rules.** The examining board of psychology hereby adopts the model procedural rules for boards as filed by the department of health as chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.83.050(5). 93-16-027 (Order 382), § 246-924-475, filed 7/26/93, effective 8/26/93.]

**WAC 246-924-480 Temporary permits.** (1) Pursuant to RCW 18.83.082(1), a temporary permit issued to a license applicant:

- (a) Is valid for no more than 1 year from the date of issue;
- (b) Is terminated if the license applicant fails either the written or oral examination administered by the board pursuant to RCW 18.83.050; and/or,

(c) Is terminated if the license applicant fails to appear for a scheduled written or oral examination, unless the applicant notifies the board in advance of the inability to appear.

[Statutory Authority: RCW 18.83.050, 91-04-020 (Order 117B), recodified as § 246-924-480, filed 1/28/91, effective 2/28/91; 88-09-029 (Order PM 722), § 308-122-720, filed 4/15/88.]

**WAC 246-924-500 Retired active credential.** A practitioner may obtain a retired active credential. Refer to the requirements of chapter 246-12 WAC, Part 5.

[Statutory Authority: RCW 43.70.280, 98-05-060, § 246-924-500, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.130.250 and 18.83.050, 96-08-007, § 246-924-500, filed 3/22/96, effective 4/22/96.]

**WAC 246-924-990 Psychology fees and renewal cycle.** (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2. (2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Application	\$260.00
Renewal	285.00
Renewal retired active	100.00
Late renewal penalty	142.50
Expired license reissuance	142.50
Duplicate license	25.00
Oral examination	350.00
Certification of license	25.00
Amendment of certificate of qualification	30.00

[Statutory Authority: RCW 43.70.250, 2001 2nd sp.s. c 7 and RCW 18.83.020, 01-23-101, § 246-924-990, filed 11/21/01, effective 1/21/02. Statutory Authority: RCW 43.70.250, 99-08-101, § 246-924-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280, 98-05-060, § 246-924-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250, 96-08-006, § 246-924-990, filed 3/22/96, effective 4/22/96; 91-13-002 (Order 173), § 246-924-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040, 91-05-028 (Order 133), recodified as § 246-924-990, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 43.70.250, 90-04-094 (Order 029), § 308-122-275, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086, 87-10-028 (Order PM 650), § 308-122-275, filed 5/1/87. Statutory Authority: 1983 c 168 § 12, 83-17-031 (Order PL 442), § 308-122-275, filed 8/10/83. Formerly WAC 308-122-460.]

## Chapter 246-926 WAC RADIOLOGICAL TECHNOLOGISTS

### WAC

246-926-020	General provisions.
246-926-030	Mandatory reporting.
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246-926-060	Professional liability carriers.
246-926-070	Courts.
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246-926-110	Diagnostic radiologic technologist—Alternative training.
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246-926-130	Nuclear medicine technologist—Alternative training.
246-926-140	Approved schools.
246-926-150	Certification designation.
246-926-170	Expired license.
246-926-180	Parenteral procedures.
246-926-190	State examination/examination waiver/examination application deadline.

246-926-200	AIDS prevention and information education requirements.
246-926-990	Certification and registration fees and renewal cycle.

### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-926-160	Renewals. [Statutory Authority: RCW 18.84.040 and 18.84.110, 92-05-010 (Order 237), § 246-926-160, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-926-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040, 89-01-015 (Order PM 802), § 308-183-150, filed 12/9/88.] Repealed by 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 General provisions.** (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

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

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

(4) "Department" means the department of health.

(5) "Radiological technologist" means a person certified pursuant to chapter 18.84 RCW.

(6) "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.

(7)(a) "Immediate supervision" means the appropriate licensed practitioner is in audible or visual range of the patient and the person treating the patient.

(b) "Direct supervision" means the appropriate licensed practitioner is on the premises, is quickly and easily available.

(c) "Indirect supervision" means the appropriate licensed practitioner is on site no less than half-time.

(8) "Mentally or physically disabled" means a radiological technologist or X-ray technician who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 18.84.040 and 18.130.070, 92-05-010 (Order 237), § 246-926-020, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-926-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 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.

(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. 92-05-010 (Order 237), § 246-926-030, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 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. 92-05-010 (Order 237), § 246-926-040, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 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. 91-02-049 (Order 121), recodified as § 246-926-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 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 incompetence or negligence in the practice of radiology technology. Such institution or organization shall also report the award,

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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. 92-05-010 (Order 237), § 246-926-060, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 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. 92-05-010 (Order 237), § 246-926-070, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 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. 92-05-010 (Order 237), § 246-926-080, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 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 sec-

retary 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. 92-05-010 (Order 237), § 246-926-090, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 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 shall 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) "Immediate supervision" means the radiologist or nuclear medicine physician is in audible or visual range of the patient and the person treating the patient.

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

(g) "Indirect supervision" means the supervising radiologist or nuclear medicine physician is on site no less than half-time.

(h) "Allied health care profession" means an occupation for which programs are accredited by the American Medical Association Committee on Allied Health Education and Accreditation, Sixteenth Edition of the Allied Health Education Directory, 1988 or a previous edition.

(i) "Formal education" shall be obtained in 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 Committee on Allied Health Education and Accreditation of the American Medical Association.

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

(a) A certified radiologic technologist designated in the specialty area the individual is requesting certification who provides direct supervision; and

(b) A radiologist for those individuals requesting certification in practice of diagnostic radiologic technology or therapeutic radiologic technology; or for those individuals requesting certification as a nuclear medicine technologist, a physician specialist in nuclear medicine who provides indirect supervision. The physician supervisor shall routinely critique the films and evaluate the quality of the trainees' work; or

(c) The physician specialist in nuclear medicine 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. 03-10-100, § 246-926-100, filed 5/7/03, effective 6/7/03. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-090, filed 12/9/88.]

**WAC 246-926-110 Diagnostic radiologic technologist—Alternative training.** An individual must possess 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 four 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 three 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.

(3) Must satisfactorily pass an examination approved or administered by the secretary.

(4) 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.

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

**WAC 246-926-120 Therapeutic radiologic technologist—Alternative training.** An individual must possess 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 five 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: Ori-

entation 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; and hyperthermia - 4 contact hours.

(3) Must satisfactorily pass an examination approved or administered by the secretary.

(4) 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.

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

**WAC 246-926-130 Nuclear medicine technologist—Alternative training.** An individual must possess 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 four 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) Must satisfactorily pass an examination approved or administered by the secretary.

(4) Individuals who are registered as a nuclear medicine technologist with the American Registry of Radiologic Technologists or with the nuclear medicine technology certifying board shall be considered to have met the alternative education and training requirements.

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

**WAC 246-926-140 Approved schools.** 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 Committee on Allied Health Education and Accreditation of the American Medical Association as recognized in the publication Allied Health Education Directory, Sixteenth Edition, published by the American Medical Association, 1988 or any previous edition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-130, filed 12/9/88.]

**WAC 246-926-150 Certification designation.** 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, 246-926-110, 246-926-120, or 246-926-130.

[Statutory Authority: RCW 18.84.040 and 18.84.080. 92-05-010 (Order 237), § 246-926-150, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 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. 98-05-060, § 246-926-170, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.84.040 and 18.84.110. 92-05-010 (Order 237), § 246-926-170, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-160, filed 12/9/88.]

**WAC 246-926-180 Parenteral procedures.** (1) A certified radiologic technologist may administer diagnostic and therapeutic agents under the direction and immediate supervision of a radiologist if the following guidelines are 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 the ready availability of appropriate resuscitative drugs, equipment, and personnel; and

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

(2) A certified radiologic technologist may perform venipuncture at the direction and immediate supervision of a radiologist.

[Statutory Authority: RCW 43.70.040. 92-19-060 (Order 302), § 246-926-180, filed 9/11/92, effective 10/12/92; 91-02-049 (Order 121), recodified as § 246-926-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-170, filed 12/9/88.]

**WAC 246-926-190 State examination/examination waiver/examination application deadline.** (1) The American Registry of Radiologic Technologists certification examinations for radiography, radiation therapy technology, and nuclear medicine technology shall be the state examinations for certification as a radiologic technologist.

(a) The examination for certification as a radiologic technologist shall be conducted three times a year in the state of Washington, in March, July, and October.

(b) The examination shall be conducted in accordance with the American Registry of Radiologic Technologists security measures and contract.

(c) Examination candidates shall be advised of the results of their examination in writing.

(2) Applicants taking the state examination must submit the application, supporting documents, and fees to the department of health no later than the fifteenth day of December, for the March examination; the fifteenth day of April, for the July examination; and the fifteenth day of July, for the October examination.

(3) A scaled score of seventy-five is required to pass the examination.

[Statutory Authority: RCW 18.84.040 and 18.84.080. 92-05-010 (Order 237), § 246-926-190, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 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. 98-05-060, § 246-926-200, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.84.040 and 70.24.270. 92-05-010 (Order 237), § 246-926-200, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-183-200, filed 11/2/88.]

**WAC 246-926-990 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.

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(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Application - certification	\$45.00
Exam fee - certification	30.00
Application - registration	35.00
Certification renewal	45.00
Registration renewal	35.00
Late renewal penalty - certification	45.00
Late renewal penalty - registration	35.00
Expired certificate reissuance	45.00
Expired registration reissuance	35.00
Certification of registration or certificate	15.00
Duplicate registration of certificate	15.00

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

## Chapter 246-927 WAC

### RECREATION THERAPY

#### WAC

#### AIDS REQUIREMENT

246-927-010 How many hours of AIDS prevention and information education do I need?

#### FEES

246-927-990 How often do I need to renew and what are the costs for registration?

#### AIDS REQUIREMENT

**WAC 246-927-010 How many hours of AIDS prevention and information education do I need?** Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: Chapter 18.230 RCW, RCW 70.24.270 and 70.24.250. 03-22-021, § 246-927-010, filed 10/27/03, effective 11/27/03.]

#### FEES

**WAC 246-927-990 How often do I need to renew and what are the costs for registration?** (1) Registrations must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged for registered recreational therapists:

Title of Fee	Fee
Application	\$110.00
Renewal	85.00
Late renewal penalty	50.00
Expired registration reissuance	50.00
Duplicate registration	15.00
Certification of certificate	25.00

[Statutory Authority: Chapter 18.230 RCW and RCW 43.70.250. 03-09-065, § 246-927-990, filed 4/15/03, effective 7/1/03.]

(2005 Ed.)

## Chapter 246-928 WAC

## RESPIRATORY CARE PRACTITIONERS

## WAC

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DEFINITIONS AND PROCEDURES FOR LICENSING AS A RESPIRATORY CARE PRACTITIONER			
246-928-410	Who must be licensed as a respiratory care practitioner with the department.	246-928-040	165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1). Examination eligibility. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-040, filed 4/27/88.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
246-928-420	How to become licensed as a respiratory care practitioner.	246-928-050	Definition of "commonly accepted standards for the profession." [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-050, filed 4/27/88.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
246-928-430	How and when to renew a respiratory care practitioner license.	246-928-060	Grandfather—Verification of practice. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-060, filed 4/27/88.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
246-928-440	Continuing education requirements.		
246-928-441	Implementation.		
246-928-442	Acceptable continuing education.		
246-928-443	Verification of continuing education.		
246-928-450	How to reinstate an expired respiratory care practitioner license.	246-928-070	Grandfather—Examination dates. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-23-001 (Order PM 787), § 308-195-070, filed 11/3/88; 88-10-015 (Order 724), § 308-195-070, filed 4/27/88.] Repealed by 92-02-018 (Order 224), filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 18.89.050.
PART II			
REQUIREMENTS FOR LICENSURE AS A RESPIRATORY CARE PRACTITIONER			
246-928-510	Overview of the qualifications required for licensure as a respiratory care practitioner.	246-928-080	Reciprocity—Requirements for certification. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-080, filed 4/27/88.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
246-928-520	Minimum educational qualifications for licensure as a respiratory care practitioner.		
246-928-530	How new graduates may qualify for temporary practice and what is required.	246-928-085	Temporary permits—Issuance and duration. [Statutory Authority: RCW 18.130.050 and [18.130]075. 92-15-032 (Order 285), § 246-928-085, filed 7/7/92, effective 8/7/92.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
246-928-540	Examination requirements for licensure as a respiratory care practitioner.		
246-928-550	Education and training in AIDS prevention is required for licensure as a respiratory care practitioner.		
246-928-560	How to apply for licensure for persons credentialed out-of-state.		
246-928-570	How to apply for temporary practice permit for persons credentialed out-of-state.	246-928-090	Certification renewal registration date. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-090, filed 4/27/88.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
PART III			
REQUIREMENTS FOR REPORTING UNPROFESSIONAL CONDUCT			
246-928-710	Mandatory reporting.		
246-928-720	Health care institutions.		
246-928-730	Respiratory care practitioner associations or societies.		
246-928-740	Professional liability carriers.		
246-928-750	Courts.		
246-928-760	State and federal agencies.	246-928-100	Rural hospital exemption. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-100, filed 4/27/88.] Repealed by 92-02-018 (Order 224), filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 18.89.050.
PART IV			
RESPIRATORY CARE PRACTITIONER LICENSING AND RENEWAL FEES			
246-928-990	Respiratory care fees and renewal cycle.	246-928-110	General provisions. [Statutory Authority: RCW 18.89.050, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-928-110, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-120, filed 6/30/89.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
<b>DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER</b>			
246-928-015	Scope of practice—Allowed procedures. [Statutory Authority: Chapter 18.89 RCW and RCW 43.70.040. 95-18-019, § 246-928-015, filed 8/24/95, effective 9/24/95.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).	246-928-120	Mandatory reporting. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-130, filed 6/30/89.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
246-928-020	Recognized educational programs—Respiratory care practitioners. [Statutory Authority: RCW 18.89.050. 92-15-032 (Order 285), § 246-928-020, filed 7/7/92, effective 8/7/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-020, filed 4/27/88.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).	246-928-130	Health care institutions. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-140, filed 6/30/89.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
246-928-030	State examination—Examination waiver—Examination application deadline. [Statutory Authority: RCW 18.89.050. 92-02-018 (Order 224), § 246-928-030, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 89-09-006 (Order PM 832), § 308-195-030, filed 4/7/89; 88-10-015 (Order 724), § 308-195-030, filed 4/27/88.] Repealed by 01-11-	246-928-140	Respiratory care practitioner associations or societies. [Statutory Authority: RCW 43.70.040. 91-02-049

- (Order 121), recodified as § 246-928-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-150, filed 6/30/89.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-150 Professional liability carriers. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-160, filed 6/30/89.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-160 Courts. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-170, filed 6/30/89.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-170 State and federal agencies. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-180, filed 6/30/89.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-180 Cooperation with investigation. [Statutory Authority: RCW 18.89.050, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-928-180, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-190, filed 6/30/89.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-190 AIDS prevention and information education requirements. [Statutory Authority: RCW 43.70.280. 98-05-060, § 246-928-190, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.89.050 and 70.24.270. 92-02-018 (Order 224), § 246-928-190, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-195-200, filed 11/2/88.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-200 Temporary practice. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 89-09-006 (Order PM 832), § 308-195-210, filed 4/7/89.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-210 Definitions—Alternative training respiratory care practitioners. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 89-09-006 (Order PM 832), § 308-195-220, filed 4/7/89.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).
- 246-928-220 Alternative training requirements. [Statutory Authority: RCW 18.89.050. 92-02-018 (Order 224), § 246-928-220, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-220, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 89-09-006 (Order PM 832), § 308-195-230, filed 4/7/89.] Repealed by 01-11-165, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 18.89.050(1).

**WAC 246-928-310 Introduction.** This chapter explains the requirements for respiratory care practitioner licensure. These rules, which implement the provisions of chapter 18.89 RCW, are divided into four parts:

Part I explains the definitions for and the process to become licensed as a respiratory care practitioner;

[Title 246 WAC—p. 1334]

Part II specifies the requirements for licensure including educational and examination criteria;

Part III explains the requirements for reporting unprofessional conduct;

Part IV lists the fees for licensure and renewal cycle for respiratory care practitioners.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-310, filed 5/23/01, effective 6/23/01.]

**WAC 246-928-320 General definitions.** This section defines terms used in the rules contained in this chapter.

(1) "Respiratory care practitioner" means a person licensed by the department of health, who is authorized under chapter 18.89 RCW and these rules to practice respiratory therapy. WAC 246-928-410 explains who must be licensed as a respiratory care practitioner.

(2) "Applicant" means a person whose application for licensure as a respiratory care practitioner is being submitted to the department of health.

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

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-320, filed 5/23/01, effective 6/23/01.]

## PART I DEFINITIONS AND PROCEDURES FOR LICENSING AS A RESPIRATORY CARE PRACTITIONER

**WAC 246-928-410 Who must be licensed as a respiratory care practitioner with the department.** This section identifies who must be licensed as a respiratory care practitioner with the department and who is exempt from licensure.

(1) Any person performing or offering to perform the functions authorized in RCW 18.89.040 must be licensed as a respiratory care practitioner. A certification, registration or other credential issued by a professional organization does not substitute for licensure as a respiratory care practitioner in Washington state.

(2) The following individuals are exempt from licensure as a respiratory care practitioner with the department:

(a) Any person performing or offering to perform the functions authorized in RCW 18.89.040, if that person already holds a current licensure, certification or registration that authorizes these functions;

(b) Any person employed by the United States government who is practicing respiratory care as a performance of the duties prescribed for him or her by the laws of and rules of the United States;

(c) Any person who is pursuing a supervised course of study leading to a degree or certificate in respiratory care, if the person is designated by a title that clearly indicates his or her status as a student or trainee and limited to the extent of demonstrated proficiency of completed curriculum, and under direct supervision;

(d) Any person who is licensed as a registered nurse under chapter 18.79 RCW;

(e) Any person who is practicing respiratory care without compensation for a family member.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-410, filed 5/23/01, effective 6/23/01.]

**WAC 246-928-420 How to become licensed as a respiratory care practitioner.** This section explains how a person may become licensed as a respiratory care practitioner with the department.

(1) The department shall provide forms for use by an applicant for licensure as a respiratory care practitioner. All applications for licensure must be submitted on these forms, with the appropriate fee required in WAC 246-928-990. The specific requirements and process for licensure is set forth in WAC 246-12-020.

(2) The applicant shall certify that all information on the application forms is accurate. The applicant is subject to investigation and discipline by the department for any apparent violation of chapters 18.130 and 18.89 RCW, or this chapter.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-420, filed 5/23/01, effective 6/23/01.]

**WAC 246-928-430 How and when to renew a respiratory care practitioner license.** This section explains how and when to renew a respiratory care practitioner license.

(1) Applications for renewal of the license for respiratory care practitioner shall be submitted on forms provided by the department, with the appropriate fee required in WAC 246-928-990. The specific requirements and process for renewal of a license are set forth in WAC 246-12-030.

(2) Renewal fees must be postmarked on or before the renewal date or the department will charge a late renewal penalty fee and licensure reissuance fee.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-430, filed 5/23/01, effective 6/23/01.]

**WAC 246-928-440 Continuing education requirements.** Purposes. The ultimate aim of continuing education is to ensure the highest quality of professional work. Continuing education consists of educational activities designed to review existing concepts and techniques and to convey information and knowledge about advances in respiratory care as applied to the work settings. The objectives are to improve and increase the ability of the respiratory care practitioner to deliver the highest possible quality of respiratory care work and to keep the professional respiratory care practitioner abreast of current developments in a rapidly changing field. All respiratory care practitioners licensed under chapter 18.89 RCW will be required to meet the continuing education requirements set forth in these rules as a prerequisite to license renewal.

[Statutory Authority: RCW 18.89.050(1) and 18.89.140. 01-21-136, § 246-928-440, filed 10/24/01, effective 11/24/01.]

**WAC 246-928-441 Implementation.** (1) This rule explains implementation process, the number of hours that are required, the type of continuing education approved by the secretary, how to demonstrate compliance of continuing education to the department, and the auditing of continuing education requirements.

(2) Effective October 2003, renewal of any current license or reinstatement of any license lapsed or on disciplinary status shall require evidence of completion of continuing education which meets the requirements of subsection (3) of this section.

(2005 Ed.)

(3) Requirements. RCW 18.89.140 requires that all licensed respiratory care practitioners seeking to renew their license shall acquire thirty credit hours of continuing respiratory care education every two years as required in chapter 246-12 WAC, Part 7.

[Statutory Authority: RCW 18.89.050(1) and 18.89.140. 01-21-136, § 246-928-441, filed 10/24/01, effective 11/24/01.]

**WAC 246-928-442 Acceptable continuing education.**

(1) Continuing respiratory care education must be a minimum of ten hours of continuing respiratory care education approved by the American Association for Respiratory Care. The remaining twenty hours of continuing respiratory care education may be in any of the following:

(a) Additional courses approved by the American Association for Respiratory Care.

(b) Category I level formal in-service approved by the American Association for Respiratory Care.

(c) Courses in respiratory care approved by the American Medical Association, the American Osteopathic Association and the American Nurses Association.

(d) Initial and renewal certification courses in Advanced Cardiac Life Support, Pediatric Advanced Life Support and Neonatal Resuscitation Program.

(e) Courses in respiratory care at any accredited college.

(f) Self-study courses in respiratory care.

(g) Passing the National Board for Respiratory Care's self-assessment competency examination with a minimum score of 75. Three hours of continuing education may be applied for successful completion of this examination.

(h) Educational offerings in respiratory care which include learning objectives provided by hospitals or health organizations.

(i) Educational offerings in respiratory care which include learning objectives, where the licensee serves as the instructor subject to the limitation described in subsection (3) of this section.

(2) Documentation. Licensees are responsible for acquiring and maintaining all acceptable documentation of their continuing education activities. Acceptable documentation shall include transcripts, letters from course instructors, or certificates of completion or other formal certifications provided by hospitals, course instructors, and health organizations, as required in chapter 246-12 WAC, Part 7. In all cases other than transcripts, the documentation must show the participant's name, activity title, number of continuing education credit hours, date(s) of activity, instructor's name(s) and degree and the signature of the verifying individual program sponsor.

(3) The licensee who prepares and presents lectures or education courses that contributes to the professional competence of a licensed respiratory care practitioner may accumulate the same number of hours obtained for continuing education purposes by attendees as determined in WAC 246-12-220. The hours for presenting a specific topic lecture or education may only be used for continuing education credit once during each renewal period.

[Statutory Authority: RCW 18.89.050(1) and 18.89.140. 01-21-136, § 246-928-442, filed 10/24/01, effective 11/24/01.]

**WAC 246-928-443 Verification of continuing education.** (1) The licensee shall:

(a) Verify on renewal forms provided by the department, that the minimum continuing education has been completed within the two-year renewal cycle prior to the licensee's renewal date; and

(b) Keep records for four years as required in chapter 246-12 WAC, Part 7.

(2) Audits. The department may conduct random compliance audits of continuing education records, as described in chapter 246-12 WAC, Part 7.

(3) Exemptions. In certain emergency situations, the department may excuse all or part of the continuing education requirement as described in chapter 246-12 WAC, Part 7. The department may require verification of the emergency.

[Statutory Authority: RCW 18.89.050(1) and 18.89.140. 01-21-136, § 246-928-443, filed 10/24/01, effective 11/24/01.]

**WAC 246-928-450 How to reinstate an expired respiratory care practitioner license.** This section explains the process for reinstatement of an expired respiratory care practitioner license. Applications for reinstatement of an expired license may be submitted on forms provided by the department, with the appropriate fee required in WAC 246-928-990. The specific requirements and process for reinstatement of an expired license is set forth in WAC 246-12-040.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-450, filed 5/23/01, effective 6/23/01.]

## PART II REQUIREMENTS FOR LICENSURE AS A RESPIRATORY CARE PRACTITIONER

**WAC 246-928-510 Overview of the qualifications required for licensure as a respiratory care practitioner.** This section provides an overview of the qualifications required for licensure as a respiratory care practitioner.

The requirements for licensure are intended to ensure the minimum level of knowledge, skill and experience necessary to practice safely as a respiratory care practitioner. Licensure requires applicants to submit proof to the department that they have satisfied educational and examination requirements in this chapter.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-510, filed 5/23/01, effective 6/23/01.]

**WAC 246-928-520 Minimum educational qualifications for licensure as a respiratory care practitioner.** This section provides the minimum educational qualifications for licensure as a respiratory care practitioner.

(1) To meet the educational requirements required by RCW 18.89.090, an applicant must be a graduate of a two-year respiratory therapy educational program. Programs must be:

Accredited by the Committee On Accreditation for Respiratory Care (COARC) or accredited by the American Medical Association's (AMA) Committee on Allied Health Education and Accreditation (CAHEA), or its successor, the Commission on Accreditation of Allied Health Education Program (CAAHEP).

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(2) An official transcript indicating completion of a two-year program must be provided as evidence of fulfillment of the required education.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-520, filed 5/23/01, effective 6/23/01.]

**WAC 246-928-530 How new graduates may qualify for temporary practice and what is required.** (1) An individual who has completed an approved program under WAC 246-928-520 is eligible for temporary practice. To meet the requirements for temporary practice under this rule, an individual is required to:

(a) Submit the application and fee as required in WAC 246-928-990;

(b) Sit for the examination within ninety days of graduation as required in WAC 246-928-560; and

(c) Be under the supervision of a licensed respiratory care practitioner.

Temporary practice may begin from the time the application and fee is submitted to the department.

(2) An applicant shall request examination results be submitted directly to the department from National Board for Respiratory Care.

(3) An applicant who receives notification that he or she successfully passed the examination may continue to practice under the supervision of a licensed respiratory care practitioner until the department has issued a license to the applicant.

(4) An applicant who receives notification of failure to pass the examination shall cease practice immediately. Resumption of practice may occur only after successfully passing the examination and becoming licensed as a respiratory care practitioner by the department.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-530, filed 5/23/01, effective 6/23/01.]

**WAC 246-928-540 Examination requirements for licensure as a respiratory care practitioner.** This section provides the minimum examination requirements for licensure as a respiratory care practitioner.

An applicant who has taken and passed the National Board for Respiratory Care (NBRC) entry level examination, has met the minimum examination requirements of RCW 18.89.090 (1)(b). Applicants shall request the NBRC to verify to the department that the applicant has successfully passed the NBRC examination.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-540, filed 5/23/01, effective 6/23/01.]

**WAC 246-928-550 Education and training in AIDS prevention is required for licensure as a respiratory care practitioner.** This section explains the required education and training in AIDS prevention.

Applicants must complete seven hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-550, filed 5/23/01, effective 6/23/01.]

**WAC 246-928-560 How to apply for licensure for persons credentialed out-of-state.** This section explains how a person holding a license in another state or jurisdiction may apply for licensure.

(1) An applicant who is currently or was previously credentialed in another state or jurisdiction may qualify for licensure in Washington state. Applicants must submit the following documentation to be considered for licensure:

(a) An application fee and forms as specified in WAC 246-928-420 and 246-928-990; and

(b) Written verification directly from all states in which the applicant is or was credentialed, attesting that the applicant has or had a license in good standing and is not subject to charges or disciplinary action for unprofessional conduct or impairment; and

(c) Verification of completion of the required education and examination as specified in WAC 246-928-520.

(2) Applicants who have completed a two-year program recognized by the Canadian Society of Respiratory Therapists (CSRT) in their current list, or any previous lists, and are eligible to sit for the CSRT registry examination; or have been issued a registration by the CSRT are considered to have met the educational and examination requirements in this chapter. Canadian applicants are required to submit verification directly from CSRT, as well as all of the information listed above for applicants licensed in another jurisdiction.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-560, filed 5/23/01, effective 6/23/01.]

**WAC 246-928-570 How to apply for temporary practice permit for persons credentialed out-of-state.** This section explains how a person holding a license in another state or jurisdiction may apply for a temporary practice permit.

(1) An applicant who is currently or was previously credentialed in another state or jurisdiction may qualify for licensure in Washington state. Applicants must submit the following documentation to be considered for a temporary practice permit:

(a) A completed application on forms provided by the department with the request for a temporary practice permit indicated;

(b) An application fee and a temporary practice permit fee as specified in WAC 246-928-990;

(c) Written verification directly from all states or jurisdictions in which the applicant is or was licensed, attesting that the applicant has or had a license in good standing and is not subject to charges or disciplinary action for unprofessional conduct or impairment; and

(d) Verification of completion of the required education and examination as specified in WAC 246-928-520.

(2) The department shall issue a one-time-only temporary practice permit unless the department determines a basis for denial of the license or issuance of a conditional license.

(3) The temporary permit shall expire upon the issuance of a license by the department, or within three months, whichever occurs first. The permit shall not be extended beyond the expiration date.

(4) Issuance of a temporary practice permit does not ensure that the department will grant a full license. Temporary permit holders are subject to the same education and

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examination requirements as set forth in WAC 246-928-520 and 246-928-550.

(5) The following situations are not considered substantially equal for Washington state licensure:

(a) Certification of persons credentialed out-of-state through a state-constructed examination; or

(b) Grandfathering provisions where proof of education and examination was not required.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-570, filed 5/23/01, effective 6/23/01.]

### PART III REQUIREMENTS FOR REPORTING UNPROFESSIONAL CONDUCT

**WAC 246-928-710 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, address, and telephone number of the person making the report.

(b) The name, address, and telephone numbers of the respiratory care practitioner being reported.

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

(d) A brief description or summary of the facts which prompted 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 18.89.050(1). 01-11-165, § 246-928-710, filed 5/23/01, effective 6/23/01.]

**WAC 246-928-720 Health care institutions.** The chief administrator, executive officer, or any health care institution shall report to the department when any respiratory care practitioner's services are terminated or are restricted based on a determination that the respiratory care practitioner has either committed an act or acts which may constitute unprofessional conduct or that the respiratory care practitioner may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-720, filed 5/23/01, effective 6/23/01.]

**WAC 246-928-730 Respiratory care practitioner associations or societies.** The president or chief executive officer of any respiratory care practitioner association or

society within this state shall report to the department when the association or society determines that a respiratory care practitioner has committed unprofessional conduct or that a respiratory care practitioner may not be able to practice respiratory care with reasonable skill and safety to patients as the result of any mental or physical conditions. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-730, filed 5/23/01, effective 6/23/01.]

#### **WAC 246-928-740 Professional liability carriers.**

Every institution or organization providing professional liability insurance directly or indirectly to respiratory care practitioners 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 respiratory care practitioner's incompetency or negligence in the practice of respiratory care. 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 respiratory care practitioner's alleged incompetence or negligence.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-740, filed 5/23/01, effective 6/23/01.]

**WAC 246-928-750 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 licensed respiratory care practitioners, other than minor traffic violations.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-750, filed 5/23/01, effective 6/23/01.]

**WAC 246-928-760 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 respiratory care practitioner is employed to provide patient care services, to report to the department whenever such a respiratory care practitioner has been judged to have demonstrated his/her incompetency or negligence in the practice of respiratory care, or has otherwise committed unprofessional conduct, or has a mental or physical disability that prevents them from practicing competently and professionally. These requirements do not supersede any state or federal law.

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-760, filed 5/23/01, effective 6/23/01.]

### **PART IV RESPIRATORY CARE PRACTITIONER LICENSING AND RENEWAL FEES**

**WAC 246-928-990 Respiratory care fees and renewal cycle.** (1) Licenses must be renewed every two years on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged:

<b>Title of Fee</b>	<b>Fee</b>
Application	\$ 70.00
Temporary practice permit	35.00
Duplicate license	15.00
Verification of licensure	15.00
Renewal	50.00
Late renewal penalty	50.00
Expired license reissuance	50.00

[Statutory Authority: RCW 18.89.050(1). 01-11-165, § 246-928-990, filed 5/23/01, effective 6/23/01. Statutory Authority: RCW 43.70.250. 99-08-101, § 246-928-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-928-990, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.89 RCW and RCW 43.70.040. 95-18-019, § 246-928-990, filed 8/24/95, effective 9/24/95. Statutory Authority: RCW 43.70.250. 92-15-032 (Order 285), § 246-928-990, filed 7/7/92, effective 8/7/92. Statutory Authority: RCW 18.89.050 and 43.70.250. 92-02-018 (Order 224), § 246-928-990, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.086. 88-17-099 (Order PM 741), § 308-195-110, filed 8/23/88.]

### **Chapter 246-930 WAC**

#### **SEX OFFENDER TREATMENT PROVIDER**

##### **WAC**

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246-930-410	Continuing education requirements.
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246-930-490	Sexual misconduct.
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#### **DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER**

246-930-400	Issuance and renewal of certification. [Statutory Authority: RCW 18.155.040. 92-12-027 (Order 275), § 246-930-400, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-400, filed 5/16/91, effective 6/16/91.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
246-930-430	Reinstatement. [Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-430, filed 6/21/94, effective 7/22/94.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.
246-930-499	Temporary and provisional certificate during initial implementation of certification program. [Statutory Authority: RCW 18.155.040. 93-14-095, § 246-930-499, filed 7/1/93, effective 8/1/93; 92-12-027 (Order 275), § 246-930-499, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-499, filed 5/16/91, effective 6/16/91.] Repealed by 99-07-018, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.155.040.

**WAC 246-930-010 General definitions.** In these rules, the following terms shall have the definition described below, unless another definition is stated:

- (1) "Department" means the department of health.
- (2) "Secretary" means the secretary of the department of health, or designee.
- (3) "Provider" means a certified sex offender treatment provider.
- (4) "Affiliate" means affiliate sex offender treatment provider.
- (5) "Committee" means the sex offender treatment providers advisory committee.
- (6) "Credential" or its derivative means the process of licensing, registration, certification or the equivalent through which a person is legally recognized by a state agency as lawfully authorized to practice a health profession.
- (7) "Evaluation."

(a) For purposes of determining eligibility for certification, evaluation is defined as the direct provision of comprehensive evaluation and assessment services to persons who have been investigated by law enforcement or child protective services for commission of a sex offense, or who have been adjudicated or convicted of a sex offense. Such evaluation shall be related to a client's offending behavior. Such services shall have resulted in preparation of a formal written report. To qualify, the individual shall have had primary responsibility for interviewing the offender and shall have completed the written report. Only hours in face-to-face contact with a client may be counted for evaluation credit. Evaluation hours performed by affiliate providers under the supervision of fully certified providers count toward certification under this definition. Note that limited assessments for the purpose of institution classification, treatment monitoring, and reporting do not qualify for evaluation credit under this definition.

(b) Standards for evaluations of clients by certified providers as defined in RCW 9.94A.120 (7)(a) and 13.40.160 are set forth in WAC 246-930-320.

(8) "Treatment" for purposes of determining eligibility for certification, treatment is defined as the provision of face-to-face individual, group, or family therapy with persons who have been investigated by law enforcement or child protective services for commission of a sex offense, or who have been adjudicated or convicted of a sex offense. The professional seeking certification has formal responsibility for providing primary treatment services, and such services shall have had direct relevance to a client's offending behavior. Face-to-face treatment hours performed by affiliate providers under the supervision of certified providers count toward certification under this definition. "Co-therapy hours" are defined as the actual number of hours the applicant spent facilitating a group session. Co-therapists may each claim credit for therapy hours as long as both persons have formal responsibility for the group sessions. Time spent in maintaining collateral contacts and written case/progress notes are not counted under this definition.

(9) A "certified sex offender treatment provider" is an applicant who has met the educational, experience and training requirements as specified for full certification, has satisfactorily passed the examination, and has been issued a certifi-

cate by the department to evaluate and treat sex offenders pursuant to chapter 18.155 RCW.

(10) An "affiliate sex offender treatment provider" is an applicant who has met the educational, experience and training requirements as specified for affiliate certification applicants, and has satisfactorily passed the examination. An affiliate sex offender treatment provider evaluates and treats sex offenders pursuant to chapter 18.155 RCW under the supervision of a certified sex offender treatment provider in accordance with the supervision requirements set forth in WAC 246-930-075.

(11) "SSOSA" is special sex offender sentencing alternative as defined in RCW 9.94A.120 (7)(a).

(12) "SSODA" is special sex offender disposition alternative as defined in RCW 13.40.160.

(13) "Supervising officer" means the designated representative of the agency having oversight responsibility for a client sentenced under SSOSA or SSODA, under the sentence or disposition order, for example, community correction officer, probation officer.

(14) "Treatment plan" means the plan set forth in the evaluation detailing how the treatment needs of the client will be met while the community is protected during the course of treatment.

(15) "Community protection contract" means the document specifying the treatment rules and requirements the client has agreed to follow in order to maximize community safety.

(16) "Parties" means the defendant, the prosecuting attorney, the community corrections officer and the juvenile probation officer.

[Statutory Authority: RCW 18.155.040, 94-13-179, § 246-930-010, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-010, filed 5/28/92, effective 6/28/92; 91-23-076 (Order 212), § 246-930-010, filed 11/19/91, effective 12/20/91; 91-11-063 (Order 168), § 246-930-010, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-020 Underlying credential as a health professional required.** (1) Under RCW 18.155.020(1), only credentialed health professionals may be certified as providers.

(2) A person who is credentialed as a health professional in a state or jurisdiction other than Washington may satisfy this requirement by submitting the following:

(a) A copy of the current nonexpired credential issued by the credentialing state;

(b) A copy of the statute, administrative regulation, or other official document of the issuing state which sets forth the minimum requirements for the credential;

(c) A statement from the issuing authority:

(i) That the credential is in good standing;

(ii) That there is no disciplinary action currently pending; and

(iii) Listing any formal discipline actions taken by the issuing authority with regard to the credential;

(d) A statement signed by the applicant, on a form provided by the department, submitting to the jurisdiction of the Washington state courts for the purpose of any litigation involving his or her practice as a sex offender treatment provider;

(e) A statement signed by the applicant on a form provided by the department, that the applicant does not intend to practice the health profession for which he or she is credentialed by another state within the state of Washington without first obtaining an appropriate credential to do so from the state of Washington, except as may be authorized by Washington state law; and

(f) Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(3) Underlying registration, certification, or licensure shall be maintained in good standing. If an underlying registration, certification, or licensure is not renewed or is revoked, certification as a sex offender treatment provider, affiliate sex offender treatment provider, or temporary or provisional treatment provider is revoked. If an underlying license is suspended, the sex offender treatment provider certification is suspended. If there is a stay of the suspension of an underlying license the sex offender treatment provider program must independently evaluate the reasonableness of a stay for the sex offender treatment provider.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-930-020, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-020, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-020, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-020, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-030 Education required prior to examination.** (1) An applicant for full certification shall have completed:

(a) A master's or doctoral degree in social work, psychology, counseling, or educational psychology from a regionally accredited institution of higher education; or

(b) A medical doctor or doctor of osteopathy degree if the individual is a board certified/eligible psychiatrist; or

(c) A master's or doctoral degree in an equivalent field from a regionally accredited institution of higher education with documentation of thirty graduate semester hours or forty-five graduate quarter hours in approved subject content. Approved subject content includes at least five graduate semester hours or seven graduate quarter hours in (c)(i) and (ii) of this subsection and five graduate semester hours or seven graduate quarter hours in at least two additional content areas from (c)(i) through (viii) of this subsection:

(i) Counseling and psychotherapy.

(ii) Personality theory.

(iii) Behavioral science and research.

(iv) Psychopathology/personality disorders.

(v) Assessment/tests and measurement.

(vi) Group therapy/family therapy.

(vii) Human growth and development/sexuality.

(viii) Corrections/criminal justice.

(d) The applicant is responsible for submitting proof that the hours used to meet this requirement are in fact, equivalent.

(2) Transcripts of all graduate work shall be submitted directly to the department from the institution where earned.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-030, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-030, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-030, filed 5/16/91, effective 6/16/91.]

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**WAC 246-930-040 Professional experience required prior to examination.** (1) To qualify for examination, an applicant must complete at least two thousand hours of treatment and evaluation experience, as defined in WAC 246-930-010. These two thousand hours shall include at least two hundred fifty hours of evaluation experience and at least two hundred fifty hours of treatment experience.

(2) All of the prerequisite experience shall have been within the seven-year period preceding application for certification as a provider.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-040, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-040, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-040, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-050 Education required for affiliate prior to examination.** (1) An applicant for affiliate certification shall have completed: Effective July 1, 1995, new applicants must have a master's or doctorate degree to meet the minimum requirement for affiliate certification.

(a) A bachelor's, master's, or doctorate degree in social work, psychology, counseling, or educational psychology from a regionally accredited institution of higher education; or

(b) A medical doctor or doctor of osteopathy degree if the individual is a board certified/eligible psychiatrist; or

(c) A bachelor's, master's, or doctorate degree in an equivalent field from a regionally accredited institution of higher education when there is documentation of thirty semester hours or forty-five quarter hours in approved subject content. Approved subject content includes at least five semester hours or seven quarter hours in (c)(i) and (ii) of this subsection and five semester hours or seven quarter hours in at least two additional content areas from (c)(i) through (viii) of this subsection:

(i) Counseling and psychotherapy.

(ii) Personality theory.

(iii) Behavioral science and research.

(iv) Psychopathology/personality disorders.

(v) Assessment/tests and measurement.

(vi) Group therapy/family therapy.

(vii) Human growth and development/sexuality.

(viii) Corrections/criminal justice.

(d) The applicant is responsible for submitting proof that the hours used to meet this requirement are in fact, equivalent.

(2) Transcripts of all academic work shall be submitted directly to the department from the institution where earned.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-050, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-050, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-050, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-060 Professional experience required for affiliate prior to examination.** (1) An applicant meeting only the minimal academic requirements for affiliate status (bachelor's degree), shall have a total of two thousand hours of experience in evaluation and/or treatment as defined in WAC 246-930-010. No specific minimum number of hours in either category is required for an affiliate applicant.

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(2) All of the prerequisite experience shall have been within the seven-year period preceding application for certification as a provider.

(3) If the applicant for affiliate status meets the academic requirements for full certification, post-graduate degree as outlined in WAC 246-930-030, no experience requirement applies.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-060, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-060, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-060, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-070 Training required for certified providers.** (1) All applicants for certification as providers shall submit documentation of attendance at fifty hours of formal conferences, symposia, or seminars directly related to the treatment and evaluation of sex offenders. No more than ten hours of training may be related to victims of abuse.

(2) All such training shall have been received within the three years preceding application for certification.

[Statutory Authority: RCW 18.155.040. 01-02-065, § 246-930-070, filed 12/29/00, effective 1/29/01; 94-13-179, § 246-930-070, filed 6/21/94, effective 7/22/94; 91-11-063 (Order 168), § 246-930-070, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-075 Description of supervision of affiliates.** Supervision of affiliates is considerably different than consultation with other professionals. Consultation is solely advisory; consultants do not assume responsibility for those individuals to whom they consult. Supervision of affiliates requires that the provider take full ethical and legal responsibility for the quality of work of the affiliate. The following rules apply to providers and affiliates when service is being provided to SSOSA and SSODA clients:

(1) Whether providing training, consultation, or supervision, sex offender treatment providers shall avoid presenting themselves as having qualifications in areas where they do not have expertise.

(2) The supervisor shall provide sufficient training and supervision to the affiliate to insure the health and safety of the client and community. The supervisor shall have the expertise and knowledge to directly supervise the work of the affiliate.

(3) The supervisor shall insure that any person he or she supervises has sufficient education, background, and preparation for the work they will be doing.

(4) Supervision of an affiliate shall require that the supervisor and supervisee enter into a formal written contract defining the parameters of the professional relationship. This supervision contract shall be submitted to the department for approval and shall be renewed on a yearly basis. The contract shall include, but is not limited to:

- (a) Supervised areas of professional activity;
- (b) Amount of supervision time and the frequency of supervisory meetings. This information may be presented as a ratio of supervisory time to clinical work conducted by the affiliate;
- (c) Supervisory fees and business arrangements, when applicable;
- (d) Nature of the supervisory relationship and the anticipated process of supervision;

(e) Selected and review of clinical cases;

(f) Methodology for recordkeeping, evaluation of the affiliate, and feedback; and

(g) How the affiliate is represented to the public.

(5) Supervision of affiliates shall involve regular, direct, face-to-face supervision. Based on the affiliate's skill and experience levels, supervision shall include a reasonable degree of direct observation of the affiliates by means of the supervisor sitting in sessions, audio tape recording, videotape, etc. In some cases, special flexible supervision arrangements which deviate from the standard are permitted, for example, due to geography or disability; special flexible supervision contracts shall be submitted to the department for approval.

(6) The level of supervision shall insure that the affiliate is prepared to conduct professional work and provide adequate oversight. There shall be a minimum of one hour of supervision time for every ten hours of supervised professional work. Supervision meetings shall regularly occur at least every other week.

(7) A certified sex offender treatment provider shall undertake no contract which exceeds the provider's ability to comply with supervision standards. A supervisor shall not supervise more than thirty hours of SSOSA and SSODA case clinical work each week.

(8) Generally, a supervisor shall not provide supervision for more than two affiliates. However, the special needs of certain locales, particularly rural areas, are recognized. Where appropriate, deviation from the standards in subsections (4)(b), (6) and (7) of this section are permitted subject to department approval, if quality of supervision can be maintained. Special supervisory arrangements shall be submitted for approval with the supervision contract to the department. A supervisor may adjust a supervision plan, as necessary, but shall notify the department of the amendment to the contract within thirty days.

(9) The status of the affiliate's relationship to the supervisor is to be accurately communicated to the public, other professionals, and to all clients served.

(10) An affiliate sex offender treatment provider may represent himself or herself as an affiliate only when doing clinical work supervised by the contracted sex offender treatment provider. If the affiliate is providing unsupervised clinical services to clients who are not SSOSA or SSODA cases, the individual shall not utilize the title "affiliate". This is not intended to prohibit an affiliate from describing their experience and qualifications to potential referral sources.

(11) All written reports and correspondence by the affiliate acting under SSOSA or SSODA shall be cosigned by the supervisor, indicating the supervisory relationship. The work shall be represented as conducted by the affiliate with oversight provided by the supervisor.

(12) All work relating to SSOSA and SSODA clients conducted by the affiliate is the responsibility of the supervisor. The supervisor shall have authority to direct the practice of the affiliate involving SSOSA and SSODA clients.

(13) Supervision includes, but is not limited to the following:

- (a) Discussion of services provided by the affiliate;
- (b) Case selection, service plan, and review of each case or work unit of the affiliate;

(c) Discussions regarding theory and practice of the work being conducted;

(d) Review of Washington statutes, rules, and criminal justice procedures relevant to the work being conducted;

(e) Discussion of the standards of practice for providers as adopted by the department and the ethical issues involved in providing professional services for sex offenders;

(f) Discussion regarding coordination of work with other professionals;

(g) Discussion of relevant professional literature and research; and

(h) Periodic review of the supervision itself.

(14) Both the supervisor and affiliate shall maintain full documentation of the work done and supervision provided.

(15) The supervisor will evaluate the affiliate's work and professional progress on an ongoing basis.

(16) It is the responsibility of the supervisor to remedy the problems or terminate the supervision contract. If the work of the supervisee does not meet sufficient standards to protect the best interests of the clients and the community. The supervisor shall notify the department and provide the department with a letter of explanation, if a supervision contract is terminated.

(17) Supervision is a power relationship and the supervisee-supervisor relationship is not to be exploited. This standard in no way precludes reasonable compensation for supervisory services.

(18) It is the responsibility of the supervisor to provide, on request, accurate and objective letters of reference and work documentation regarding the affiliate, when requested by affiliate.

(19) If a supervisee is in the employ of a provider it is the responsibility of the supervisor to provide:

(a) Appropriate working conditions;

(b) Opportunities to further the supervisee's skills and professional development; and

(c) Consultation in all areas of professional practice appropriate to the supervisee's employment.

(20) All records of both affiliate and supervisor are subject to audit to determine compliance with appropriate statutes and rules.

[Statutory Authority: RCW 18.155.040, 94-13-179, § 246-930-075, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-075, filed 5/28/92, effective 6/28/92; 91-21-035 (Order 201), § 246-930-075, filed 10/10/91, effective 11/10/91.]

**WAC 246-930-200 Application and examination. (1)**

In order to be certified to practice under this chapter as a provider or affiliate provider in the state of Washington all applicants shall pass an examination approved by the secretary.

(2) An applicant shall meet all education, experience, and training requirements and be a health care provider before being allowed to sit for the examination.

(3) Examinations shall be given at a time and place determined by the secretary.

(4) A completed application with the appropriate fee for certification shall be received in the office of the department, no later than sixty days prior to the examination date. All supporting documentation shall be received no later than twenty days prior to the scheduled examination date.

(5) Any applicant who fails to follow written or oral instructions relative to the conduct of the examination, is observed talking or attempting to give or receive information, or attempting to remove materials from the examination or using or attempting to use unauthorized materials during any portion of the examination shall be terminated from the examination and not permitted to complete it.

(6) The department shall approve the method of grading each examination, and apply the method uniformly to all applicants taking the examination.

(7) Applicants will be notified in writing of their examination scores.

(8) Applicant's examination scores are not disclosed to anyone other than the applicant, unless requested to do so in writing by the applicant.

(9) An applicant who fails to make the required grade in the first examination is entitled to take up to two additional examinations upon the payment of a reexamination fee for each subsequent examination. After failure of three examinations, the secretary may require remedial education before admission to future examinations.

[Statutory Authority: RCW 18.155.040, 94-13-179, § 246-930-200, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-200, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-200, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-210 Examination appeal procedures.**

(1) Any candidate who takes and does not pass the sex offender treatment provider examination may request an informal review of the results of the examination.

(a) The examination results shall not be modified unless the candidate presents clear and convincing evidence of error in the examination content or procedure, or bias, prejudice, or discrimination in the examination process.

(b) Any challenges to examination scores shall not be considered unless the total of the potentially revised score would result in issuance of a certificate.

(2) The procedure for requesting an informal review of examination results is as follows: The request shall be in writing and shall be received by the department within thirty days of the date on the letter of notification of examination results sent to the candidate.

(3) The candidate shall be identified only by candidate number for the purpose of this review. The candidate shall be notified in writing of the decision.

Letters of referral or requests for special consideration shall not be read or considered.

(4) Any candidate not satisfied with the results of the informal examination review may request a formal hearing before the secretary to challenge the informal review decision. The procedures for requesting a formal hearing are as follows:

(a) The candidate shall complete the informal review process before requesting a formal hearing.

(b) The request for formal hearing shall be received by the department within twenty days of the date on the notice of the results of the informal review.

(c) The written request shall specifically identify the challenged portion(s) of the examination and shall state the specific reason(s) why the candidate believes the examination results should be modified.

(d) Appeals are brief adjudicative proceedings, as provided under the Administrative Procedure Act, chapter 34.05 RCW and chapter 246-11 WAC. The presiding officer is the secretary or the secretary's designee.

(5) The hearing shall be restricted to the specific portion(s) of the examination the candidate had identified in the request for formal hearing.

[Statutory Authority: RCW 18.155.040, 94-13-179, § 246-930-210, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-210, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-210, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-220 Reexamination.** (1) An applicant for certification who has been previously certified shall retake the examination and achieve a passing score before recertification under any of the following circumstances:

(a) The applicant has been uncertified voluntarily for more than twenty-four calendar months; or

(b) The applicant's certificate has been revoked or suspended by reason of a disciplinary action by the secretary.

(2) The secretary may require reexamination in any disciplinary order as a condition of reissuing a certificate or confirming certification.

(3) Whenever reexamination is required, the applicant shall pay the examination fees set forth in WAC 246-930-990.

[Statutory Authority: RCW 18.155.040, 94-13-179, § 246-930-220, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-220, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-220, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-300 Mandatory reporting.** (1) Pursuant to RCW 18.130.070, the persons designated in subsection (2) of this section are required to report to the department any conviction, determination, or finding of which they have personal knowledge that any person certified as a provider or affiliate provider has committed an act which constitutes unprofessional conduct under RCW 18.130.180.

(2) The following persons are required to report the information identified in subsection (1) of this section:

(a) Persons certified as providers or affiliate providers;

(b) The president, chief executive officer, or designated official of any professional association or society whose members are certified providers or affiliate providers;

(c) Prosecuting attorneys and deputy prosecuting attorneys;

(d) Community corrections officers employed by the department of corrections;

(e) Juvenile probation or parole counselors who provide counseling or supervision to juveniles;

(f) The president, chief executive officer, or designated official of any public or private agency which employs certified providers or affiliate providers;

(g) The president, chief executive officer, or designated official of any credentialing agency for health professionals.

(3) Reports under this section shall be made in writing, and must include the name, address, and telephone number of the person making the report, the name and address of the person about whom the report is made, and complete information about the circumstances giving rise to the report.

(2005 Ed.)

[Statutory Authority: RCW 18.155.040, 94-13-179, § 246-930-300, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-300, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-300, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-301 Purpose—Professional standards and ethics.** (1) Sex offender treatment providers are also credentialed health professionals, and are subject to the standards of practice of their primary field of practice. However, standards of practice vary from profession to profession, and sex offender evaluation and treatment represents significant differences in practice from general mental health interventions.

(2) The standards set forth in WAC 246-930-301 through 246-930-340 apply to all sex offender treatment providers evaluating or treating SSOSA or SSODA clients. Failure to comply with these standards in providing evaluation and/or treatment to SSOSA/SSODA clients may constitute unprofessional conduct pursuant to RCW 18.130.180(7).

(3) Standards of practice specific to this area of specialization are necessary due to the unique characteristics of this area of practice, the degree of control that a provider exercises over the lives of clients, and the community protection issues inherent in this work.

[Statutory Authority: RCW 18.155.040, 94-13-179, § 246-930-301, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-301, filed 5/28/92, effective 6/28/92; 91-23-076 (Order 212), § 246-930-301, filed 11/19/91, effective 12/20/91.]

**WAC 246-930-310 Standards for professional conduct and client relationships.** (1) General considerations. Sex offender treatment providers shall:

(a) Not discriminate against clients with regard to race, religion, gender or disability; and

(b) Treat clients with dignity and respect, regardless of the nature of their crimes or offenses.

(2) Competence in practice. Providers shall:

(a) Be fully aware of the standards of their area of credentialing as health professionals and adhere to those standards;

(b) Be knowledgeable of statutes and scientific data relevant to specialized sex offender treatment and evaluation practice;

(c) Be familiar with the statutory requirements for assessments, treatment plans and reports for the court under SSOSA and SSODA;

(d) Perform professional duties with the highest level of integrity, maintaining confidentiality within the scope of statutory responsibilities;

(e) Be committed to community protection and safety;

(f) Be aware of all statutes related to client confidentiality;

(g) Not make claims regarding the efficacy of treatment that exceed what can be reasonably expected;

(h) Make appropriate referrals when they are not qualified or are otherwise unable to offer services to a client; and

(i) Exercise due prudence and care in making referral to other professionals.

(3) Confidentiality. Providers shall:

(a) Insure that the client fully understands the scope and limits of confidentiality, and the relevance to the client's particular situation. The provider shall inform the client of the

provider's method of reporting disclosures made by the client and to whom disclosures are reported, before evaluation and treatment commence;

(b) Inform clients of any circumstances which may trigger an exception to the agreed upon confidentiality;

(c) Not require or seek waivers of privacy or confidentiality beyond the requirements of evaluation, treatment, training, or community safety. Providers shall evaluate the impact of authorizations for release of information upon their clients; and

(d) Understand and explain to their juvenile clients the rights of their parents and/or guardians to obtain information relating to the client.

(4) Conflict of interest. Providers shall:

(a) Refrain from using professional relationships to further their personal, religious, political, or economic interest other than accepting customary fees;

(b) Avoid relationships with clients which may constitute a conflict of interest, impair professional judgment and risk exploitation. (For example, bartering, service for service, and/or treating individuals where a social, business, or personal relationship exists); and

(c) Have no sexual relationships with a client.

(5) Fee-setting and client interaction. Providers shall:

(a) Prior to commencing service, fully inform the client of the scope of professional services to be provided and the fees associated with the services;

(b) Review any changes in financial arrangements and requirements with the client pursuant to the rules initially specified;

(c) Neither offer nor accept payment for referral; and

(d) Provide clients or their responsible person timely statements accurately indicating all services provided, the fees charged, and payments made.

(6) Termination or alteration of therapist/client relationship. Providers shall:

(a) Not unreasonably withdraw services to clients, and shall take care to minimize possible adverse effects on the client and the community;

(b) Notify clients promptly when termination or disruptions of services are anticipated, and provide for a transfer, referral, or continuation of service consistent with client needs and preferences, when appropriate; and

(c) Refrain from knowingly providing treatment services to a client who is in mental health treatment with another professional without consultation with the current provider.

(7) The department neither requires nor prohibits the use of psychological or physiological testing. The use of these and other treatment and evaluation techniques is at the discretion of the provider, subject to the terms of the court order in a particular case. The following standards apply when such techniques are used.

(a) Psychological testing: Psychological testing may provide valuable data during the assessment phase and in determining treatment progress. However, psychological testing should not be conducted by a provider who is not a licensed psychologist, unless the specific test(s) standardized administration procedures provide for administration by a nonpsychologist.

Psychological assessment data provided by a psychologist, other than the examiner, shall not be integrated into an

assessment report unless the provider is familiar with the psychological instruments used and aware of their strengths and/or limitations.

The interpretation of psychological testing through blind analysis has significant limitations. Providers reporting psychological test data derived in this manner shall also report the way in which the information was derived and the limitations of the data.

It is important to report any information which might influence the validity of psychological test findings. Examples of such information include, but are not limited to, the context of the evaluation, the information available to the professional who interpreted the data, whether the interpretations were computer derived and any special population characteristics of the person examined.

(b) Use of polygraph: The use of the polygraph examination may enhance the assessment, treatment and monitoring processes by encouraging disclosure of information relevant and necessary to understanding the extent of present risk and compliance with treatment and court requirements. When obtained, the polygraph data achieved through periodic examinations is an important asset in monitoring the sex offender client in the community. Other alternative sources of verification may also be utilized. Sex offender treatment providers shall be knowledgeable of the limitations of the polygraph and shall take into account its appropriateness with each individual client and special client populations. Examinations shall be given in accordance with the treatment plan. Sex offender treatment providers shall not base decisions solely on the results of the polygraph examination.

(c) Use of plethysmography: The use of physiological assessment measures, such as penile plethysmography, may yield useful information regarding the sexual arousal patterns of sex offenders. This data can be useful in assessing baseline arousal patterns and therapeutic progress. Decisions about the use of plethysmography should be made on a case-by-case basis with due consideration given to the limitations and the intrusiveness of the procedure. Consideration also should be given to the available literature on the usefulness of the information obtained as it relates to a specific sex offender population.

When obtained, physiological assessment data shall not be used as the sole basis for offender risk assessment and shall not be used to determine if an individual has committed a specific sexually deviant act. Providers shall recognize that plethysmographic data is only meaningful within the context of a comprehensive evaluation and/or treatment process. Sex offender treatment providers shall ensure that physiologic assessment data is interpreted only by sex offender treatment providers who possess the necessary training and experience. Sex offender treatment providers shall insure that particular care is taken when performing physiological assessment with juvenile offenders and other special populations, due to concerns about exposure to deviant materials. Given the intrusiveness of this procedure, care shall be given to the dignity of the client.

[Statutory Authority: RCW 18.155.040, 94-13-179, § 246-930-310, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-310, filed 5/28/92, effective 6/28/92; 91-23-076 (Order 212), § 246-930-310, filed 11/19/91, effective 12/20/91.]

**WAC 246-930-320 Standards for SSOSA and SSODA assessment and evaluation reports.** (1) General considerations in evaluating clients. Providers shall:

- (a) Be knowledgeable of assessment procedures used;
- (b) Be aware of the strengths and limitations of self-report and make reasonable efforts to verify information provided by the offender;
- (c) Be knowledgeable of the client's legal status including any court orders applicable. Have a full understanding of the SSOSA and SSODA process and be knowledgeable of relevant criminal and legal considerations;
- (d) Be impartial; provide an objective and accurate base of data; and
- (e) Avoid addressing or responding to referral questions which exceed the present level of knowledge in the field or the expertise of the evaluator.

(2) Scope of assessment data.

Comprehensive evaluations under SSOSA and SSODA shall include a compilation of data from as many sources as reasonable, appropriate, and available. These sources may include but are not limited to:

- (a) Collateral information (i.e., police reports, child protective services information, criminal correctional history and victim statements);
- (b) Interviews with the offender;
- (c) Interviews with significant others;
- (d) Previous assessments of the offender conducted (i.e., medical, substance abuse, psychological and sexual deviancy);
- (e) Psychological/physiological tests;
- (f) If a report fails to include information specified in (a) through (e) of this subsection, the evaluation should indicate the information not included and cite the reason the information is not included; and
- (g) Second evaluations shall state whether other evaluations were considered. The decision regarding use of other evaluations prior to conducting the second evaluation is within the professional discretion of the provider. The second evaluation need not repeat all assessment or data compilation measures if it reasonably relies on existing current information. The second evaluation must address all issues outlined in subsection (3) of this section, and include conclusions, recommendations and a treatment plan if one is recommended.

(3) Evaluation reports.

- (a) Written reports shall be accurate, comprehensive and address all of the issues required for court disposition as provided in the statutes governing SSOSA and SSODA;
- (b) Written reports shall present all knowledge relevant to the matters at hand in a clear and organized manner;
- (c) Written reports shall include the referral sources, the conditions surrounding the referral and the referral questions addressed; and
- (d) Written reports shall state the sources of information utilized in the evaluation. The evaluation and written report shall address, at a minimum, the following issues:
  - (i) A description of the current offense(s) including, but not limited to, the evaluator's conclusion about the reasons for any discrepancy between the official and offender's versions of the offenses;
  - (ii) A sexual history, sexual offense history and patterns of sexual arousal/preference/interest;

- (ii) Prior attempts to remediate and control offense behavior including prior treatment;

- (iv) Perceptions of significant others, when appropriate, including their ability and/or willingness to support treatment efforts;

- (v) Potentiators of offending behavior to include alcohol and drug abuse, stress, mood, sexual patterns, use of pornography, and social and environmental influences;

- (vi) A personal history to include medical, marital/relationships, employment, education and military;

- (vii) A family history;

- (viii) History of violence and/or criminal behavior;

- (ix) Mental health functioning to include coping abilities, adaptational styles, intellectual functioning and personality attributes; and

- (x) The overall findings of psychological/physiological/medical assessment when such assessments have been conducted.

(e) Conclusions and recommendations shall be supported by the data presented in the body of the report and include:

- (i) The evaluator's conclusions regarding the appropriateness of community treatment;

- (ii) A summary of the clinician's diagnostic impressions;

- (iii) A specific assessment of relative risk factors, including the extent of the offender's dangerousness in the community at large;

- (iv) The client's amenability to outpatient treatment and conditions of treatment necessary to maintain a safe treatment environment.

(f) Proposed treatment plan shall be described in detail and clarity and include:

- (i) Anticipated length of treatment, frequency and type of contact with providers, and supplemental or adjunctive treatment;

- (ii) The specific issues to be addressed in treatment and a description of planned treatment interventions including involvement of significant others in treatment and ancillary treatment activities;

- (iii) Recommendations for specific behavioral prohibitions, requirements and restrictions on living conditions, lifestyle requirements, and monitoring by family members and others that are necessary to the treatment process and community safety;

- (iv) Proposed methods for monitoring and verifying compliance with the conditions and prohibitions of the treatment program; and

- (v) If the evaluator will not be providing treatment, a specific certified provider should be identified to the court. The provider shall adopt the proposed treatment plan or submit an alternative treatment plan for approval by the court, including each of the elements in WAC 246-930-330 (5)(a) through (d).

(4) The provider shall submit to the court and the parties a statement that the provider is either adopting the proposed treatment plan or submitting an alternate plan. The plan and the statement shall be provided to the court before sentencing.

[Statutory Authority: RCW 18.155.040, 94-13-179, § 246-930-320, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-320, filed

5/28/92, effective 6/28/92; 91-23-076 (Order 212), § 246-930-320, filed 11/19/91, effective 12/20/91.]

**WAC 246-930-330 Standards for treatment. Introduction-SSOSA/SSODA offender treatment:** It is recognized that effective sexual deviancy treatment will involve a broad set of planned therapeutic experiences and interventions designed to ultimately reduce the risk of a client engaging in criminal sexual behavior. Such treatment shall be consistent with current professional literature and shall emphasize community safety.

**(1) General considerations.**

(a) In most cases clients shall be seen by a certified or affiliate treatment provider a minimum of once per week for at least forty-five minutes for individual or ninety minutes for group.

(b) Changes in client circumstances or treatment provider schedule may require a reduction in frequency or duration of contacts appropriate, provided that:

(i) Such changes are made on a case-by-case basis;

(ii) Any changes that constitute a permanent change in the treatment plan or that reduce community safety shall be communicated to the supervising officer, the prosecutor and the court prior to the implementation of the change; and

(iii) Other short term, temporary changes in the treatment plan due to illness, vacation, etc., should be reported in the regular progress report.

(c) Any reduction in frequency or duration of contacts which constitutes a deviation from the treatment plan shall be reported to the supervising officer, the prosecutor, and the court; and

(d) The treatment methods employed by the provider shall:

(i) Reflect concern for the well being of clients, victims and the safety of potential victims;

(ii) Take into account the legal/civil rights of clients, including the right to refuse therapy and return to court for review; and

(iii) Be individualized to meet the unique needs of each client.

**(2) Planning and interventions.** The treatment plan and the interventions used by the provider to achieve the goals of the plan shall:

(a) Address the sexual deviancy treatment needs identified;

(b) Include provisions for the protection of victims and potential victims;

(c) Give priority to those treatment interventions most likely to avoid sexual reoffense; and

(d) Take reasonable care to not cause victims to have unsafe, or unwanted contact with their offenders.

**(3) Community protection contract.** The provider shall present a contract to the client within ninety days of the start of treatment which:

(a) Details the treatment rules and requirements which the client must follow in order to preserve community safety;

(b) Outlines the client's responsibility to adhere to the contract and the provider's responsibility to report any violations;

(c) Is a separate document from any other evaluation or treatment agreements between the client and the provider; and

(d) Is signed by both client and provider, sent to the supervising officer after sentencing, and updated when conditions change throughout the course of treatment.

**(4) Treatment methods.** The methods used by the provider shall:

(a) Address clients' deviant sexual urges and recurrent deviant sexual fantasies;

(b) Educate clients and the individuals who are part of their support systems about the potential for reoffense, and risk factors;

(c) Teach clients to use self control methods to avoid sexual reoffense;

(d) Consider the effects of trauma and past victimization as factors in reoffense potential where applicable;

(e) Address clients' thought processes which facilitate sexual reoffense and other victimizing or assaultive behaviors;

(f) Modify client thinking errors and cognitive distortions;

(g) Enhance clients appropriate adaptive/legal sexual functioning;

(h) Insure that clients have accurate knowledge about the effect of sexual offending upon victims, their families, and the community;

(i) Help clients develop a sensitivity to the effects of sexual abuse upon victims;

(j) Address clients' personality traits and personality deficits which are related to increased reoffense potential;

(k) Address clients' deficits in coping skills;

(l) Include and integrate clients' families, guardians, and residential program staff into the treatment process when appropriate; and

(m) To maintain communication with other significant persons in the client's support system, when deemed appropriate by the provider.

**(5) Monitoring of treatment requirements.** The monitoring of the client's compliance with treatment requirements by the provider shall:

(a) Recognize the reoffense potential of the sex offender client, the damage that may be caused by sexual reoffense or attempted reoffense, and the limits of self report by the sex offender client;

(b) Consider multiple sources of input regarding the client's out of office behavior;

(c) As a general principle, increase monitoring during those times of increased risk and notify the supervising officer:

(i) When a client is in crisis;

(ii) When visits with victims or potential victims are authorized; and

(iii) When clients are in high risk environments.

(d) Work in collaboration with the supervising officer to verify that the client is following the treatment plan by reducing the frequency of those behaviors that are most closely related to sexual reoffense and that the client's living, work and social environments have sufficient safeguards and protection for victims and potential victims; and

(e) The provider and the supervising officer should discuss the verification methods used so that each can more fully collaborate to protect community safety and assist the client in successfully completing treatment.

**(6) Contacts with victims/vulnerable persons for SSOSA clients.** When authorizing SSOSA clients to have contact with victims or children, the provider shall recognize that supervision during contact with children is critical for those offenders who have had crimes against children, or have the potential to abuse children. Providers shall:

(a) Consider victim's wishes about contact and reasonably ensure that all contact is safe and in accordance with court directives;

(b) Restrict, as necessary, offender decision-making authority over victims and vulnerable children;

(c) Prior to offender contact with children, collaborate with other relevant professionals regarding contact with victims, rather than make isolated decisions;

(d) Consult with the victim's parents, custodial parents, or guardians prior to authorizing any contact between offenders and children;

(e) Include educational experiences for chaperones/supervisors of SSOSA clients; and

(f) Devise a plan/protocol for reuniting or returning SSOSA clients to homes where children reside. Such plan/protocol should emphasize child safety, and provide for some monitoring of the impact on the victim and other children.

**(7) Contacts with victims/vulnerable persons for SSODA clients.** While the rationale behind the standards for SSOSA clients in subsection (6)(a) through (f) of this section is equally relevant for juvenile SSODA clients, there are some substantial differences that warrant specific standards. The prohibitions on contact with children are not intended to prohibit reasonable peer-age social or educational contacts for juvenile SSODA clients. It is further understood that providers working with juvenile SSODA clients have limited authority over their clients, and that they have limited authority to govern the decisions or supervision of a juvenile client's parents. Reasonable and practical supervision plans/strategies for juvenile SSODA clients require the cooperation and involvement of parents, foster parents, group home staff, and the supervising officer. Providers shall work in collaboration with the supervising officer to meet the following standards:

(a) Establish reasonable guidelines for contacts with victims or vulnerable children commensurate with the offender's offending history, treatment progress, and the current disposition order.

(b) Make reasonable efforts to advise, inform, and educate adults who will be in contact with and responsible for the offender's behavior around victims or vulnerable children.

(c) Restrict, as necessary, offender decision-making authority over victims and vulnerable children.

(d) Devise plans/protocols for reuniting or returning SSODA clients to homes where the victim or other children reside, specifically considering the victim's wishes and victim impact of reunification.

(e) Closely scrutinize victim requests for offender contact to ensure the request is free of emotional strain and is in the victim's best interests.

**(8) Documentation of treatment.** Providers shall maintain and safeguard client files in accordance with the profes-

sional standards of their individual disciplines and with Washington state law regarding health care records. Providers shall insure that the client files reflect the content of professional contact, treatment progress, sessions attended and treatment plan change information necessary for completion of the required SSOSA/SSODA reports; and

**(9) Completion of court ordered treatment.** In fulfilling the SSOSA requirements for the end of court ordered treatment hearing, the treatment provider shall:

(a) Assess and document how the goals of the treatment plan have been met, what changes in the client's reoffense potential have been accomplished, and what risk factors remain;

(b) Report to the court in a timely manner regarding the client's compliance with treatment and monitoring requirements and make a recommendation regarding modification of conditions of community supervision, and either termination of treatment or extension of treatment for up to the remaining period of community supervision.

**(10) Completion of treatment for SSODA.** Sex offender treatment providers who are treating juvenile offenders shall comply with subsection (9) of this section.

[Statutory Authority: RCW 18.155.040, 94-13-179, § 246-930-330, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-330, filed 5/28/92, effective 6/28/92; 91-23-076 (Order 212), § 246-930-330, filed 11/19/91, effective 12/20/91.]

**WAC 246-930-340 Standards for communication with other professionals.** (1) Professional relationships with corrections/probation officers and other supervising agencies.

(a) The provider shall establish a cooperative relationship with the supervising officer and/or responsible agency for purposes of the effective supervision and monitoring of an offender's behavior in the community.

(b) All violations of the provider client contract shall be reported immediately to the supervising officer.

(c) Quarterly progress reports documenting dates of attendance, treatment activities and duration, changes in the treatment plan, client compliance with requirements, and treatment progress shall be made in a timely manner to the court and parties. Providers shall provide additional information regarding treatment progress when requested by the court or a party. If there is more than one provider, the primary provider shall confer on all quarterly reports and provide one report to the required parties in a timely manner.

(d) Prior to implementation, plans for contact with the victim, potential victims and plans for family reunification or return (where appropriate) should be reviewed with the supervising officer.

(e) Prior to implementation the provider shall communicate with the supervising officer when approving chaperones and supervisors for offender contact with children. If an urgency of circumstances requires independent approval of a chaperone by a provider, the provider will notify the community correction officer or supervising officer in a timely manner.

(2) Communication with the department of social and health services or other agencies responsible for the care or supervision of the client. When appropriate, the provider shall seek an authorization for release of information from

the client to communicate with such agencies for treatment or monitoring purposes.

(3) Communication with others. Where appropriate and consistent with the offender's informed consent, the provider shall communicate with the victim's therapist, guardian ad litem, custodial parent, guardian, caseworker, or other involved professional in making decisions regarding family reunification or return, or victim contact with the offender.

(4) Reporting of additional victims.

(a) Providers are expected to comply with the mandatory reporting law, RCW 26.44.030.

(b) All clients shall be notified of the limits of confidentiality imposed on therapists by the mandatory reporting law (RCW 26.44.030).

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-340, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-340, filed 5/28/92, effective 6/28/92; 91-23-076 (Order 212), § 246-930-340, filed 11/19/91, effective 12/20/91.]

**WAC 246-930-410 Continuing education requirements.** Certified sex offender treatment providers must complete forty hours of continuing education every two years as required in chapter 246-12 WAC, Part 7.

(1) **Purpose and scope.** The aim of continuing education for sex offender treatment providers is to ensure that professionals practicing in this specialty field are knowledgeable of current scientific and practice principles that affect the supervision and treatment of sex offenders in community-based treatment. Since the treatment of sex offenders in communities raises significant public safety concerns, continuing education is required to help sex offender treatment providers deliver the highest quality of professional service by being familiar with current developments in a rapidly changing profession. Certified sex offender treatment providers, regardless of certification status (e.g., full, affiliate, or provisional), shall meet the continuing education requirements set forth in this section as a prerequisite to license renewal.

(2) **Specific requirements.**

(a) A minimum of thirty hours of the CE shall be earned through attendance at courses, workshops, institutes, and/or formal conference presentations with direct, specific relevance to the assessment and treatment of sex offenders.

(i) Consultative or supervisory training obtained from other certified sex offender treatment providers is not creditable under this CE definition.

(ii) Independent study of audio or video tapes of seminar presentations not actually attended are creditable under this definition, up to a maximum of ten hours in any two-year period. Credit for independent study will only be granted if accompanied by documentation of the learning activity, such as a written summary of the independent study activity.

(iii) CE credit for assessment and treatment of sex offender training courses presented to other professionals may be claimed by the certified provider who provides the training one time only (usually the first time it is taught, unless there is substantial revision), up to a maximum of ten hours in any two-year period.

(iv) Courses specifically oriented toward assessment or treatment of sex offenders may be claimed as CE. The following are examples of subjects that qualify under this definition:

- (A) Ethics and professional standards;
- (B) Relapse prevention with sex offenders;
- (C) Plethysmographic assessment;
- (D) Sexual arousal assessment and reconditioning;
- (E) Risk assessment with sex offenders;
- (F) Psychopharmacological therapy with sex offenders;
- (G) Family therapy with sex offenders;
- (H) Research concerning sexual deviancy;
- (I) Sexual addiction; and
- (J) Therapy/clinical methods specific to sex offenders.

(b) In addition to the thirty hours of CE with direct, specific relevance to the assessment and treatment of sex offenders, ten hours of the total requirement may be earned through participation in training courses with indirect relevance to the assessment and treatment of sex offenders. The following subjects qualify under this definition:

- (i) Victimology/victim therapy;
- (ii) General counseling methods;
- (iii) Psychological test interpretation;
- (iv) Addiction/substance abuse;
- (v) Family therapy;
- (vi) Group therapy; and
- (vii) Legal issues.

(3) **Program or course approval.** The department shall accept any CE that reasonably falls within the above categories and requirements. The department relies upon each individual provider's integrity with the intent and spirit of the CE requirements.

(4) **CE requirement for newly certified providers.** Providers who are newly certified within six months of their renewal date shall not be required to submit proof of continuing education for the preceding twelve-month period. Providers who are newly certified from six to nine months prior to the renewal date shall be required to submit proof of ten hours of the annual CE requirement for the preceding twelve-month period. Providers who are newly certified from nine to twelve months prior to the renewal date shall be required to submit proof of the full twenty hour annual CE requirement at the renewal date. The above noted prorated CE requirements apply only to the first renewal following certification. If proof of CE is not required at the first renewal (dependent on birthdate), the prorated amount shall be added to the full twenty hour annual requirement for the second year following certification.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-930-410, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-410, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-410, filed 5/28/92, effective 6/28/92.]

**WAC 246-930-420 Inactive credential.** A practitioner may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-930-420, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-420, filed 6/21/94, effective 7/22/94.]

**WAC 246-930-431 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) Successfully pass the examination as provided in WAC 246-930-200;

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

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-930-431, filed 2/13/98, effective 3/16/98.]

**WAC 246-930-490 Sexual misconduct.** (1) The sex offender treatment provider shall not engage in sexual contact or sexual activity with SSOSA/SSODA clients.

(2) Sexual contact or sexual activity is prohibited with former SSOSA/SSODA clients for ten years after cessation or termination of professional services.

(3) The sex offender treatment provider shall not engage in sexual contact or sexual activity with any former client if such contact or activity involves the abuse of the sex offender treatment provider and client relationship. Factors to be considered in evaluating if the sex offender treatment provider and client relationship is abused include, but are not limited to:

- (a) The amount of time that has passed since the last therapeutic contact;
- (b) The nature and duration of the therapy;
- (c) The circumstances of cessation or termination;
- (d) The client's personal history;
- (e) The client's current mental status;
- (f) The likelihood of adverse impact on the client and others; and

(g) Any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post termination sexual or romantic relationship with the client.

(4) The sex offender treatment provider shall not engage in sexual contact or sexual activity with any person participating in the treatment process of a SSOSA or SSODA client while the therapy is ongoing.

(5) The sex offender treatment provider shall not engage in sexual contact or sexual activity with any person formally participating in the treatment process, if such contact or activity involves the abuse of the sex offender treatment provider and client relationship. Factors to be considered in evaluating if the sex offender treatment provider and client relationship is abused include, but are not limited to:

- (a) The amount of time that has passed since the last therapeutic contact;
- (b) The amount of time that has passed since the last professional contact between the provider and the other person;
- (c) The knowledge the provider has obtained about the person because of the professional contact; and
- (d) The likelihood of adverse impact on the former client.

[Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-490, filed 6/21/94, effective 7/22/94.]

**WAC 246-930-990 Sex offender treatment provider fees and renewal cycle.** (1) Certificates must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

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(2) The following nonrefundable fees will be charged for:

Title of Fee	Fee
<b>Sex offender treatment provider:</b>	
Application and examination	\$ 500.00
Reexamination	250.00
Initial certification	100.00
Renewal	800.00
Inactive status	300.00
Late renewal penalty	300.00
Expired certificate reissuance	300.00
Expired inactive certificate reissuance	150.00
Duplicate certificate	15.00
Extension fee	1,475.00

(3) The following nonrefundable fees will be charged for affiliate treatment provider:

Application and examination	200.00
Reexamination	100.00
Renewal	300.00
Inactive status	200.00
Late renewal penalty	150.00
Expired affiliate certificate reissuance	150.00
Expired inactive affiliate certificate reissuance	100.00
Duplicate certificate	15.00
Extension fee	850.00

[Statutory Authority: RCW 43.70.250. 99-08-101, § 246-930-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-930-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.155.040. 94-13-179, § 246-930-990, filed 6/21/94, effective 7/22/94; 92-12-027 (Order 275), § 246-930-990, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-990, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-995 Conversion to a birthday renewal cycle.** (1) The annual license renewal date is changed to coincide with the practitioner's birthday.

(2) Renewal fees will be prorated during the transition period while renewal dates are changed to coincide with the practitioner's birthday.

(3) After the initial conversion to a staggered system, practitioners will annually renew their license on their birthday at the current renewal rate.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-930-995, filed 2/13/98, effective 3/16/98.]

**Chapter 246-933 WAC**

**VETERINARIANS—VETERINARY BOARD**

**WAC**

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246-933-170	Cooperation with the board. [Statutory Authority: RCW 18.92.030. 92-17-076 (Order 299B), § 246-933-170, filed 8/19/92, effective 9/19/92; 91-02-060 (Order 108B), recodified as § 246-933-170, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-070, filed 7/23/80.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.		
246-933-180	Responsibility for maintaining mailing address on file with the board. [Statutory Authority: RCW 18.92.030. 93-08-029 (Order 353B), § 246-933-180, filed 3/30/93, effective 4/30/93.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.		
246-933-240	Practical examination requirement. [Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-240, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-240, filed 12/28/90, effective 1/31/91; 79-10-087 (Order 318), §		

### PROFESSIONAL CONDUCT/ETHICS

**WAC 246-933-010 Definitions.** For the purposes of this chapter, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise. Unless stated, words used in the singular may be read in the plural.

(1) "Advertise" means to announce publicly by any form of media in order to aid directly or indirectly in the sale of a commodity or service.

(2) "Animal" means any species normally recognized as treatable by veterinary medicine.

(3) "Controlled substances" as defined in RCW 69.50-101.

(4) "Department" means the department of health.

(5) "Drugs" as defined in RCW 69.50.101.

(6) "Health certificate" means a document prepared pursuant to law and which attests to the fact that an animal is in a certain state of health.

(7) "Patient" means any animal under the care and treatment of a veterinarian.

(8) "Secretary" means the secretary of the department of health.

(9) "Veterinary board of governors" is that board appointed by the governor pursuant to chapter 18.92 RCW.

[Statutory Authority: RCW 18.92.030. 93-08-029 (Order 353B), § 246-933-010, filed 3/30/93, effective 4/30/93; 91-24-098 (Order 221B), § 246-933-010, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-010, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-005, filed 11/27/74.]

**WAC 246-933-020 Objectives.** The principal objectives of the veterinary profession are to render veterinary services to society, to assist in conserving livestock resources, and to assist in relieving suffering of animals. The veterinarian shall always endeavor to act in such a manner to further these objectives.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-020, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as §

246-933-020, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-006, filed 7/23/80.]

**WAC 246-933-030 Degree of skills.** The veterinarian shall endeavor to keep abreast of new developments in veterinary medicine, surgery and dentistry, and shall endeavor to improve his or her knowledge and skill in the practice of veterinary medicine, surgery and dentistry.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-030, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-030, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-007, filed 7/23/80.]

**WAC 246-933-040 Exercise of professional judgment and skills.** The veterinarian shall not accept employment under terms and conditions that interfere with the free exercise of the veterinarian's professional judgment or infringe upon the utilization of his or her professional skills.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-040, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-008, filed 7/23/80.]

**WAC 246-933-050 Emergency care of animals of unknown ownership.** The veterinarian shall endeavor to provide at least minimal treatment to alleviate the suffering of an animal presented in the absence of the owner or the owner's agent.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-050, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-050, filed 12/28/90, effective 1/31/91; 86-01-085 (Order PL 575), § 308-150-009, filed 12/18/85; 80-09-106 (Order PL 351), § 308-150-009, filed 7/23/80.]

**WAC 246-933-060 Patient abandonment.** The veterinarian shall always be free to accept or reject a particular patient, but once care is undertaken, the veterinarian shall not neglect the patient, as long as the person presenting the patient requests and authorizes the veterinarian's services for the particular problem. Emergency treatment not authorized by the owner shall not constitute acceptance of a patient.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-060, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-011, filed 7/23/80.]

**WAC 246-933-070 Emergency services.** (1) Emergency services shall mean the delivery of veterinary care by a licensed veterinarian during the hours when the majority of regional, daytime veterinary practices have no regularly scheduled office hours (are closed).

(2) Emergency service shall be provided at all times. This requirement does not mean that a veterinary medical facility shall be open to the public at all times but that the provision of professional services must be accomplished by appropriate means including the assignment of veterinarians or cooperation between practices or after-hours emergency veterinary medical facilities serving the area. In the absence of an emergency veterinary medical facility serving the area, the phone shall be answered at all times so that inquirers can be told if the veterinarian is available and, if not, where emergency service is available.

(3) A veterinarian who represents, in any way, that he or she provides emergency veterinary services, including but

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not limited to, using names or terms such as "after hours clinic," or "after hours veterinary hospital," or use of the word "emergency" in any way, shall include in all advertisements the following information:

The availability of the veterinarian who is to provide emergency services, in print at least as large as that used to advertise the availability of emergency services, as either:

(a) "Veterinarian on premises," or term of like import, which phrase shall be used when there is a veterinarian actually present at the facility who is prepared to render veterinary services and the hours such services are available; or

(b) "Veterinarian on call," or term of like import, which phrase shall be used when the veterinarian is not present at the hospital, but is able to respond within a reasonable time to requests for emergency veterinary services and has been designated to so respond.

(4) All licensees shall comply with this section by December 1, 1989.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-070, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-070, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-150-013, filed 4/1/88; 86-01-085 (Order PL 575), § 308-150-013, filed 12/18/85.]

**WAC 246-933-080 Honesty, integrity and fair dealing.** A veterinarian's practice shall be conducted on the highest plane of honesty, integrity and fair dealing with clients in time and services rendered, and in the amount charged for services, facilities, appliances and drugs. It is unprofessional and unethical for a veterinarian to attempt to mislead or deceive a client or to make untruthful statements or representations to a client.

It is also unprofessional and unethical for a veterinarian to attempt to dissuade a client from filing a disciplinary complaint by, but not limited to, a liability release, waiver, or written agreement, wherein the client assumes all risk or releases the veterinarian from liability for any harm, damage, or injury to an animal while under the care, custody, or treatment by the veterinarian.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-080, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-080, filed 12/28/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604 and RCW 18.92.030. 89-10-076 (Order PM 836), § 308-150-014, filed 5/3/89. Statutory Authority: RCW 18.92.030. 86-01-085 (Order PL 575), § 308-150-014, filed 12/18/85.]

**WAC 246-933-090 Validation of health certificate.** It is unethical to sign or otherwise validate any health certificate without actually, physically inspecting the animal. A health certificate shall be dated as of the time of examination.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-090, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-090, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-030, filed 11/27/74.]

**WAC 246-933-100 Inspection of animals.** It is unethical for a veterinarian when employed to inspect an animal for health and soundness, to accept a fee or other compensation in relation to the inspection from a person other than the veterinarian's employer.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-100, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as §

246-933-100, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-035, filed 11/27/74.]

**WAC 246-933-110 Drugs and controlled substances.**

It is unethical to violate any laws or regulations of either the state of Washington or the United States relating to prescription drugs or controlled substances.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-110, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-045, filed 11/27/74.]

**WAC 246-933-130 Minimum sanitary conditions.**

It is unethical for a veterinarian to own or operate a clinic, office, hospital, mobile veterinary clinic, or other animal facility contrary to the health and sanitary standards as established by the rules and regulations as adopted by the veterinary board of governors.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-130, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-055, filed 11/27/74.]

**WAC 246-933-140 Prohibited publicity and advertising.** A veterinarian shall not, on behalf of himself or herself, any partner, associate or other veterinarian affiliated with his or her office or clinic, use or allow to be used any form of public communication or advertising which:

- (1) Is false, fraudulent, deceptive or misleading;
- (2) Refers to secret methods of treatment;
- (3) Is not identified as a paid advertisement or solicitation;
- (4) States or implies that a veterinarian is a certified specialist unless the veterinarian is certified in such specialty by a board recognized by the American Veterinary Medical Association.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-140, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-140, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-060, filed 7/23/80.]

**WAC 246-933-150 Honoring of publicity and advertisements.** (1) If a veterinarian advertises a fee for a service, the veterinarian shall render that service for no more than the fee advertised.

(2) Unless otherwise specified in the advertisement, if a veterinarian publishes any fee information, the veterinarian shall be bound by any representation made therein for the periods specified in the following categories:

- (a) If in a publication which is published more frequently than one time per month, for a period of not less than thirty days after such publication.
- (b) If in a publication which is published once a month or less frequently, until the publication of the succeeding issue.
- (c) If in a publication which has no fixed date for publication of the succeeding issue, for a reasonable period of time after publication, but in no event less than one year.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-150, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-150, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-061, filed 7/23/80.]

**WAC 246-933-160 Prohibited transactions.** A veterinarian shall not compensate or give anything of value to rep-

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representatives of the press, radio, television or other communication media in anticipation of or in return for professional publicity of any individual veterinarian in a news item.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-160, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-062, filed 7/23/80.]

**WAC 246-933-190 Adjudicative proceedings.** The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.92.030. 93-21-007, § 246-933-190, filed 10/7/93, effective 11/7/93.]

**VETERINARIAN EDUCATION AND EXAMINATION REQUIREMENTS**

**WAC 246-933-220 Approval of courses.** A course of instruction conducted by a school, that has obtained accreditation of the course of instruction in the care and treatment of animals from the American Veterinary Medical Association, is an approved course within the meaning of section 1, chapter 44, Laws of 1974 1st ex. sess., RCW 18.92.015.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-220, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-151-050, filed 11/27/74.]

**WAC 246-933-230 Foreign trained veterinarians.** A person who is a graduate of a college of veterinary medicine not accredited by the American Veterinary Medical Association shall be eligible to take the regularly scheduled licensing examination given by the board upon furnishing the certificate of the American Veterinary Medical Association Education Commission for Foreign Veterinary Graduates (ECFVG). Applications and instructions for certification are obtained from:

ECFVG  
American Veterinary Medical Association  
930 North Meacham Road  
Schaumburg, Illinois 60172.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-230, filed 12/28/90, effective 1/31/91; Order PL 232, § 308-151-060, filed 11/17/75.]

**WAC 246-933-250 Examination requirement and procedures.** In order to be licensed, any applicant for licensure must have successfully completed the North American Veterinary Licensing Examination (NAVLE), or the National Board Examination for Veterinary Medical Licensing (NBE), and the Clinical Competency Test (CCT). All applicants must also pass the Washington state examination. The Washington state examination shall consist of questions pertaining to laws regulating the practice of veterinary medicine in the state. The applicant may take the examinations up to six months prior to graduation from a course of instruction as described in WAC 246-933-220.

[Statutory Authority: RCW 18.92.030. 01-02-066, § 246-933-250, filed 12/29/00, effective 1/29/01; 92-17-076 (Order 299B), § 246-933-250, filed 8/19/92, effective 9/19/92; 92-03-074 (Order 235B), § 246-933-250, filed 1/14/92, effective 2/14/92; 91-02-060 (Order 108B), recodified as § 246-

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933-250, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-151-080, filed 4/1/88; 85-03-085 (Order PL 509), § 308-151-080, filed 1/18/85. Statutory Authority: RCW 18.92.030 and 18.92.070. 83-07-050 (Order PL 429), § 308-151-080, filed 3/18/83. Statutory Authority: RCW 18.92.030. 80-05-032 (Order 340), § 308-151-080, filed 4/15/80.]

**WAC 246-933-260 Frequency and location of examinations.** (1) The secretary or his or her designee establishes the time and location for the veterinary examination.

(2) If an applicant fails to appear for the North American Veterinary Licensing Examination at the designated time and place, the applicant shall forfeit the examination fee unless the applicant has notified the Veterinary Board of Governors in writing of his or her inability to appear for the scheduled exam at least five business days prior to the scheduled time.

[Statutory Authority: RCW 18.92.030. 01-02-066, § 246-933-260, filed 12/29/00, effective 1/29/01; 91-24-098 (Order 221B), § 246-933-260, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-260, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-151-090, filed 4/1/88; 80-05-032 (Order 340), § 308-151-090, filed 4/15/80.]

**WAC 246-933-270 Examination results.** (1) In order to pass the examination for licensure as a veterinarian, the applicant shall attain a grade that meets or exceeds the criterion-referenced passing score established by the National Board Examination Committee of the American Veterinary Medical Association for the North American Veterinary Licensing Examination (NAVLE). Additionally, the applicant must attain a minimum grade of ninety percent on the Washington state examination.

(2) An applicant who fails the North American Veterinary Licensing Examination (NAVLE), or the Washington state examination may retake the examination that he or she failed by completing an application and by submitting the reexamination fee to the Veterinary Board of Governors.

[Statutory Authority: RCW 18.92.030. 01-02-066, § 246-933-270, filed 12/29/00, effective 1/29/01; 92-17-076 (Order 299B), § 246-933-270, filed 8/19/92, effective 9/19/92; 91-24-098 (Order 221B), § 246-933-270, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-270, filed 12/28/90, effective 1/31/91; 85-07-021 (Order PL 523), § 308-151-100, filed 3/13/85; 85-03-085 (Order PL 509), § 308-151-100, filed 1/18/85. Statutory Authority: RCW 18.92.030 and 18.92.070. 83-07-050 (Order PL 429), § 308-151-100, filed 3/18/83. Statutory Authority: RCW 18.92.030. 80-16-023 (Order PL 358), § 308-151-100, filed 10/29/80; 80-05-032 (Order 340), § 308-151-100, filed 4/15/80.]

**WAC 246-933-280 Examination review procedures.**

(1) Each individual who takes the Washington state examination for licensure as a veterinarian and does not pass the Washington state examination section may request review of the examination results by the board. This request shall be in writing and shall be postmarked to the board within thirty days of notification of the examination results. The request shall state the reason or reasons the applicant feels the results of the examination should be changed. The board shall not consider any challenges to examination scores unless the total revised score could result in the issuance of a license. The board shall consider the following to be adequate reasons for consideration for review and possible modification of examination results:

(a) A showing of a significant procedural error in the examination process;

(b) Evidence of bias, prejudice or discrimination in the examination process;

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(c) Other significant errors which result in substantial disadvantage to the applicant.

(2) Any applicant who is not satisfied with the result of the examination review may appeal the board's decision and may request a formal hearing to be held before the board pursuant to the Administrative Procedure Act. Such hearing shall be requested and postmarked within twenty days of the receipt of the board's review of the examination results. The board shall not consider any challenges to examination scores unless the total revised score could result in the issuance of a license.

[Statutory Authority: RCW 18.92.030. 92-03-074 (Order 235B), § 246-933-280, filed 1/14/92, effective 2/14/92; 91-02-060 (Order 108B), recodified as § 246-933-280, filed 12/28/90, effective 1/31/91; 86-08-068 (Order PL 584), § 308-151-110, filed 4/1/86.]

**WAC 246-933-300 Veterinary specialty licensure.** (1)

A person may be licensed to practice only specialized veterinary medicine in Washington state. Application for specialty licensure shall be made on forms provided by the secretary and include:

(a) Official transcript or other evidence of graduation from an American Veterinary Medical Association approved or accredited college or university; or

(b) Certification from the Educational Commission for Foreign Veterinary Graduates; and

(c) Documented licensure, in good standing, to practice veterinary medicine in any state, United States territory, or province of Canada; and

(d) Certification as a diplomate of a national board or college recognized in the specialty area for which application is submitted.

(2) Applicants must pass a written examination approved by the board pertaining to laws regulating the practice of veterinary medicine in the state of Washington. Examination grades will be based on a possible score of one hundred percent with a minimum passing score of ninety percent.

(3) At the time of license renewal, licensees must present evidence of continued certification by the veterinary specialty board authority.

(4) The veterinary board of governors recognizes all veterinary medicine specialties recognized by the American Veterinary Medical Association. The practice of a veterinarian licensed as a specialized practitioner is limited to the specific specialty for which licensed.

(5) Individuals licensed as a veterinary specialist are subject to chapter 18.130 RCW.

(6) Veterinary specialty licensees shall be charged the impaired veterinarian assessment on each license issuance or renewal. Provided however, That no licensee shall pay more than one impaired veterinarian assessment per year.

[Statutory Authority: RCW 18.92.030. 92-17-076 (Order 299B), § 246-933-300, filed 8/19/92, effective 9/19/92; 92-03-074 (Order 235B), § 246-933-300, filed 1/14/92, effective 2/14/92.]

**WAC 246-933-305 Retired active credential.** A practitioner may obtain a retired active credential. Refer to the requirements of chapter 246-12 WAC, Part 5.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-933-305, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.92.030. 92-03-074 (Order 235B), § 246-933-305, filed 1/14/92, effective 2/14/92.]

## FACILITIES AND PRACTICE MANAGEMENT STANDARDS

**WAC 246-933-310 Definitions.** (1) **Veterinary medical facility:** Any premise, unit, structure or vehicle where any animal is received and/or confined to be examined, diagnosed or treated medically, surgically or prophylactically, as defined in RCW 18.92.010.

(2) **Mobile clinic:** A vehicle, including a camper, motor home, trailer or mobile home, used as a veterinary medical facility. A mobile clinic is not required for house calls or farm calls.

(3) **Aseptic surgery:** Aseptic surgical technique exists when everything that comes in contact with the wound is sterile and precautions are taken to ensure such sterility during the procedure. These precautions include, but are not limited to, such things as the surgery room itself, sterilization procedures, scrubbing hands and arms, sterile gloves, caps and masks, sterile long-sleeved gowns, and sterile draping and operative techniques.

(4) **Antiseptic surgery:** Antiseptic surgical technique exists when care is taken to avoid bacterial contamination but the precautions are not as thorough and extensive as in aseptic surgery. Surgeons and surgical assistants shall wear clean attire and sterile gloves, and the patient shall be appropriately draped. A separate sterile surgical pack shall be used for each animal.

[Statutory Authority: RCW 18.92.030, 91-24-098 (Order 221B), § 246-933-310, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-310, filed 12/28/90, effective 1/31/91; 89-02-006 (Order PM 804), § 308-153-010, filed 12/27/88. Statutory Authority: RCW 18.92.030, 18.130.050 (1) and (12) and 1986 c 259 § 139, 86-13-070 (Order PM 600), § 308-153-010, filed 6/18/86; Order PL-236, § 308-153-010, filed 2/18/76.]

**WAC 246-933-320 General requirements for all veterinary medical facilities.** (1) **Construction and maintenance:** All facilities shall be so constructed and maintained as to provide comfort and safety for patients and clients. All areas of the premises shall be maintained in a clean and orderly condition, free of objectionable odors. All facilities shall comply with applicable state, county and municipal laws, ordinances and regulations.

(2) **Ventilation:** Adequate heating and cooling shall be provided for the comfort of the animals, and the facility shall have sufficient ventilation in all areas.

(3) **Lighting:** Proper lighting shall be provided in all rooms utilized for the practice of veterinary medicine. Outside lighting shall be adequate to identify the building and to assist the clients.

(4) **Water:** Potable water shall be provided.

(5) **Basic sanitation:** Any equipment, instruments or facilities used in the treatment of animals shall be clean and sanitary at all times to protect against the spread of diseases, parasites and infection.

(6) **Waste disposal:** Covered waste containers, impermeable by water, shall be used for the removal and disposal of animal and food wastes, bedding, animal tissues, debris and other waste.

Disposal facilities shall be so operated as to minimize insect or other vermin infestation, and to prevent odor and disease hazards or other nuisance conditions.

The facility shall use refrigeration and employ a procedure for the prompt, sanitary and esthetic disposal of dead animals which complies with all applicable state, county and municipal laws, ordinances and regulations.

### (7) Records:

(a) Every veterinarian shall keep daily written reports of the animals he or she treats. Separate records for companion animals shall be kept for each animal. The medical record for a litter may be recorded either on the dam's record or on a litter record until the individual animals are permanently placed or reach the age of three months. Records for food and fibre producing animals and animals kept in herds or flocks, etc., may be maintained on a group or client basis. All records shall be legible, readily retrievable and shall be kept for a period of three years following the last treatment or examination. The author of all medical record entries must be identified by code or employee number, or initials. The records shall include, but not be limited to, the following:

(i) Name, address and telephone number of the owner.

(ii) Name, number or other identification of the animal or group.

(iii) Species, breed, age, sex, weight and color of the animal.

(iv) Immunization record.

(v) Beginning and ending dates of custody of the animal.

(vi) Sufficient information in the history and examination portions of the record to justify the tentative diagnosis and to warrant the treatment. This would include, but not be limited to:

(A) A short history of the animal's condition as it pertains to its medical status.

(B) Physical examination findings and any laboratory or other diagnostic tests performed and/or recommended.

(vii) Provisional or final diagnosis.

(viii) Treatment administered and/or recommended.

(ix) Dosage and route of medications administered, prescribed or dispensed.

(x) Anesthesia dosage and route of administration.

(xi) Description of surgery performed.

(xii) Progress of the case.

(xiii) If applicable, documentation of the low-income status for persons that seek the limited veterinary services provided by qualified animal care and control agencies and humane societies.

(b) Veterinary medical records and radiographs are the property of the veterinarian or the veterinary facility that originally ordered their preparation. When requested by the client, copies of records will be made available as promptly as required under the circumstances, but no later than fifteen working days upon the client's request. The veterinarian may charge a reasonable copying fee, not to exceed the actual cost for providing the veterinary care information. A radiograph shall be released upon the request of another veterinarian who has the authorization of the owner of the animal to which it pertains. Such radiograph shall be returned to the originating veterinarian or veterinary facility within fifteen working days of receipt of a written request.

(8) **Storage:** All supplies, including food and bedding, shall be stored in facilities which adequately protect such supplies against infestation, contamination or deterioration.

Refrigeration shall be provided for all supplies that are of a perishable nature, including foods, drugs and biologicals.

(9) **Biologicals and drugs:** Biologicals and other drugs shall be stored in such a manner as to prevent contamination and deterioration in accordance with the packaging and storage requirements of the current editions of the *U.S. Pharmacopeia*, 12601 Twinbrook Parkway, Rockville, Maryland 20852, and the *National Formulary*, Mack Publishing Company, 20th and Northampton Streets, Easton, Pennsylvania 18042 and/or manufacturers' recommendation.

All controlled substances shall be maintained in a locked cabinet or other suitable secure container in accordance with federal and Washington state laws.

Controlled substance records shall be readily retrievable, in accordance with federal and Washington state laws.

[Statutory Authority: RCW 18.92.030 and 18.92.260. 03-14-035, § 246-933-320, filed 6/23/03, effective 7/24/03. Statutory Authority: RCW 18.92.030. 92-17-076 (Order 299B), § 246-933-320, filed 8/19/92, effective 9/19/92; 91-24-098 (Order 221B), § 246-933-320, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-320, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-153-020, filed 4/1/88. Statutory Authority: RCW 18.92.030, 18.130.050 (1) and (12) and 1986 c 259 § 139. 86-13-070 (Order PM 600), § 308-153-020, filed 6/18/86; Order PL-236, § 308-153-020, filed 2/18/76.]

**WAC 246-933-330 Minimum physical facilities.** All veterinary medical facilities in which animals are received for medical, surgical or prophylactic treatment shall have the following minimum facilities, but are not limited to only these facilities:

(1) **Reception room and office:** Or a combination of the two.

(2) **Examination room:** Should be separate but may be combined with a room having a related function, such as a pharmacy or laboratory. It must be of sufficient size to accommodate the veterinarian, patient and client.

Examination tables shall have impervious surfaces. Waste receptacles shall be lined, covered or in a closed compartment, and properly maintained. A sink with clean or disposable towels must be within easy access.

(3) **Surgery:** If surgery is performed, a separate and distinct area so situated as to keep contamination and infection to a minimum; provided, however, a separate and distinct room so situated as to keep contamination and infection to a minimum shall be required.

(4) **Laboratory:** Shall be either in the facility or through consultative facilities, adequate to render diagnostic information.

(5) **Radiology:** Facilities for diagnostic radiography shall be available either on or off the premises. The facilities shall meet federal and Washington state protective requirements and be capable of producing good quality diagnostic radiographs.

(6) **Animal housing areas:** Any veterinary medical facility confining animals shall have individual cages, pens, exercise areas or stalls to confine said animals in a comfortable, sanitary and safe manner.

Cages and stalls shall be of impervious material and of adequate size to assure patient comfort and sanitation.

Runs and exercise pens shall be of a size to allow patient comfort and exercise. Runs and exercise pens shall provide and allow effective separation of adjacent animals and their

waste products, and shall be constructed in such a manner as to protect against escape or injury. Floors of runs shall be of impervious material.

Animals that are hospitalized for treatment of contagious diseases shall be isolated in such a manner as to prevent the spread of contagious diseases.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-330, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-330, filed 12/28/90, effective 1/31/91; 89-02-006 (Order PM 804), § 308-153-030, filed 12/27/88; 88-08-033 (Order PM 719), § 308-153-030, filed 4/1/88. Statutory Authority: RCW 18.92.030, 18.130.050 (1) and (12) and 1986 c 259 § 139. 86-13-070 (Order PM 600), § 308-153-030, filed 6/18/86; Order PL-236, § 308-153-030, filed 2/18/76.]

**WAC 246-933-340 Practice management.** All veterinary medical facilities shall maintain a sanitary environment to avoid sources and transmission of infection. This includes the proper sterilization or sanitation of all equipment used in diagnosis or treatment and the proper routine disposal of waste materials.

(1) **Surgery:** Surgery shall be performed in a manner compatible with current veterinary practice with regard to anesthesia, asepsis or antisepsis, life support and monitoring procedures, and recovery care. The minimum standards for surgery shall be:

(a) Aseptic or antiseptic surgery shall be performed in a room designated and reserved for surgery and directly related noncontaminating activities.

(b) The surgery room shall be clean, orderly, well lighted and maintained in a sanitary condition, free of offensive odors.

(c) Storage in the surgery room shall be limited only to items and equipment related to surgery and surgical procedures.

(d) Instruments and equipment utilized in the surgery room shall be appropriate for the type of surgical service being provided.

(e) The operating table shall be constructed of a smooth and impervious material.

(f) Chemical disinfection ("cold sterilization") may be used only for field conditions or minor surgical procedures. Sterilizing of all appropriate equipment is required. Provisions for sterilization shall include a steam pressure sterilizer (autoclave) or a gas sterilizer (e.g., ethylene oxide).

(g) Surgical packs include towels, drapes, gloves, sponges and proper instrumentation. They shall be properly prepared for sterilization by heat or gas (sufficient to kill spores) for each sterile surgical procedure.

(h) For any major procedure, such as opening the abdominal or thoracic cavity or exposing bones or joints, a separate sterile surgical pack shall be used for each animal. Surgeons and surgical assistants shall use aseptic technique throughout the entire surgical procedure.

(i) Uncomplicated ovariohysterectomy or castration of normal healthy animals, and minor surgical procedures, such as excising small skin lesions or suturing superficial lacerations, may be performed under clean, antiseptic conditions. Surgeons and surgical assistants shall wear clean attire and sterile gloves, and care shall be taken to avoid introducing bacterial contamination.

(j) All animals shall be properly prepared for surgery as follows:

(i) Clipping and shaving of the surgical area for major procedures requiring aseptic technique as in (h) of this subsection shall be performed in a room other than the surgery room. Loose hair shall be removed from the surgical area.

(ii) Scrubbing the surgical area with soap and water.

(iii) Disinfecting the surgical area.

(iv) Draping the surgical area if appropriate.

(k) Anesthetic equipment appropriate for the type of patient and surgery performed shall be available at all times.

(l) Compressed oxygen or other adequate means shall be available to be used for resuscitation.

(m) Emergency drugs shall be available to the surgery area.

(n) Grossly contaminated procedures, such as lancing and draining abscesses, shall not be performed in the room designated for aseptic or antiseptic surgery.

(2) **Library:** A library of appropriate veterinary journals and textbooks shall be available on the premises for ready reference.

(3) **Laboratory:** Veterinary medical facilities shall have the capability for use of either in-house or consultant laboratory service for blood chemistry, bacterial cultures and antibiotic sensitivity examinations, complete blood counts, histopathologic examinations and complete necropsies. The in-house laboratory facility shall meet the following minimum standards:

(a) The laboratory room shall be clean and orderly with provision for ample storage.

(b) Ample refrigeration shall be provided.

(c) Any tests performed shall be properly conducted by currently recognized methods to assure reasonable accuracy and reliability of results.

(4) **Radiology:** Veterinary medical facilities shall have the capability for use of either in-house or consultant services for obtaining radiographs of diagnostic quality. Radiology equipment and use shall be in compliance with federal and Washington state laws, and shall follow the guidelines approved by the American Veterinary Medical Association.

(5) **Biologicals and drugs:** The minimum standards for drug procedures shall be:

(a) All controlled substances shall be stored, maintained, administered, dispensed and prescribed in compliance with federal and Washington state laws.

(b) Among things otherwise provided by RCW 69.41.050, legend drugs dispensed by a veterinarian shall be labeled with the following:

(i) Name of client or identification of animal.

(ii) Date dispensed.

(iii) Complete directions for use.

(iv) Name and strength of the drug.

(v) Name of prescribing veterinarian.

(c) A record of all drugs administered or dispensed shall be kept in the client's record. In the case of companion animals this record shall be by individual animal.

(6) **Limited services:** If veterinary medical services are limited to specific aspects of practice,

(a) The public shall be informed of the limitation of services provided.

(b) All veterinary services provided in the facility shall conform to the requirements for those services listed in WAC 246-933-330 and this section.

(c) The general requirements prescribed in WAC 246-933-320 shall apply to all veterinary medical facilities.

**(7) Exceptions:**

(a) The standards and requirements prescribed in WAC 246-933-330(3) and subsection (1)(a), (c), (j)(i), (n) of this section, shall not apply to equine or food animal veterinary procedures performed in medical facilities.

(b) The standards and requirements prescribed in WAC 246-933-320 (1), (2), (3), (4), (6), (8), 246-933-330 and subsections (1)(a), (b), (c), (e), (h), (j)(i), (l), (n), (2), (3), (4), (6)(b), (c) of this section, shall not apply to equine or food animal veterinary procedures performed on the owner's premises by a veterinarian.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-340, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-340, filed 12/28/90, effective 1/31/91; 89-02-006 (Order PM 804), § 308-153-045, filed 12/27/88. Statutory Authority: RCW 18.92.030, 18.130.050 (1) and (12) and 1986 c 259 § 139. 86-13-070 (Order PM 600), § 308-153-045, filed 6/18/86.]

## CONTINUING EDUCATION REQUIREMENTS

**WAC 246-933-401 Citation and purpose.** These rules may be cited and referred to as the "Veterinary continuing education rules." The purpose of these rules is to require licensed veterinarians to continue their professional education as a condition of maintaining a license to practice veterinary medicine in this state.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-401, filed 12/28/90, effective 1/31/91; Order 233, § 308-154-010, filed 2/16/77.]

**WAC 246-933-420 Basic requirement—Amount.** Licensed veterinarians must complete thirty hours of continuing education every three years as required in chapter 246-12 WAC, Part 7.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-933-420, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-420, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-420, filed 12/28/90, effective 1/31/91; Order 233, § 308-154-020, filed 2/16/77.]

**WAC 246-933-440 Exceptions.** The following are exceptions from the continuing education requirements:

Upon a showing of good cause by a licensee to the board, the board may exempt such licensee from any, all, or part of the continuing education requirement. Good cause includes, but is not limited to:

(1) Illness;

(2) Hardship to practice.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-440, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-440, filed 12/28/90, effective 1/31/91; 80-16-023 (Order PL 358), § 308-154-040, filed 10/29/80; Order 233, § 308-154-040, filed 2/16/77.]

**WAC 246-933-450 Qualification of program for continuing education credit.** Generally: Generally a formal completion of program of learning which contributes directly to the professional competence of an individual to practice veterinary medicine after he/she has been licensed to do so shall qualify an individual to receive credit for continuing education.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-450, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-933-450, filed 12/28/90, effective 1/31/91; Order 233, § 308-154-050, filed 2/16/77.]

**WAC 246-933-460 Programs approved by the veterinary board.** Completion of the following are deemed to qualify an individual for continuing education credit: Attendance at a recognized local, state, national, or international continuing education program having a featured speaker.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-460, filed 12/28/90, effective 1/31/91; Order 233, § 308-154-060, filed 2/16/77.]

**WAC 246-933-480 AIDS prevention and information education requirements.** Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8. Alternatives to formal coursework may be in the form of video tapes, professional journal articles, periodicals, or audio tapes, that contain current or updated information.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-933-480, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.92.030 and 70.24.270. 91-24-098 (Order 221B), § 246-933-480, filed 12/4/91, effective 1/4/92. Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-480, filed 12/28/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604 and RCW 18.92.030. 89-10-076 (Order PM 836), § 308-154-085, filed 5/3/89.]

#### **AUTHORIZING ANIMAL CARE AND CONTROL AGENCIES AND NONPROFIT HUMANE SOCIETIES TO PROVIDE LIMITED VETERINARY SERVICES**

**WAC 246-933-501 Intent.** It is the intent of the legislature to allow qualified animal control agencies and humane societies to provide limited veterinary services to low-income members of our communities. It is not the intent of the legislature to allow these agencies to provide veterinary services to the public at large.

[Statutory Authority: RCW 18.92.030 and 18.92.260. 03-14-035, § 246-933-501, filed 6/23/03, effective 7/24/03.]

**WAC 246-933-510 Definitions.** As used in this chapter:

(1) "Entity" means animal care and control agencies as defined in RCW 16.52.011 and nonprofit humane societies, which have qualified under section 501 (c)(3) of the Internal Revenue Code.

(2) "Emergency care" as referred to in RCW 18.92.260 (1)(b) means an unexpected, serious occurrence or situation which urgently requires prompt action in order to prevent an animal's death or permanent injury, unless defined otherwise by local ordinance.

(3) "Low-income household" means a single person, family or unrelated persons living together whose adjusted family income is less than eighty percent of the median family income, adjusted for household size, for the county where the project is located (RCW 43.185A.010(5)).

[Statutory Authority: RCW 18.92.030 and 18.92.260. 03-14-035, § 246-933-510, filed 6/23/03, effective 7/24/03.]

**WAC 246-933-520 Registration.** A qualified animal care, control agency, or nonprofit humane society may obtain (2005 Ed.)

a registration credential. Refer to the requirements of chapter 246-12 WAC, Part 3.

[Statutory Authority: RCW 18.92.030 and 18.92.260. 03-14-035, § 246-933-520, filed 6/23/03, effective 7/24/03.]

**WAC 246-933-530 Purchase and use of legend drugs and controlled substances.** (1) For purposes of this section, "drugs" includes both legend drugs and controlled substances.

(a) "Legend drugs" means any drugs that are 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.

(b) "Controlled substances" means a drug, substance, or immediate precursor in Schedule I through V of Article II of chapter 69.50 RCW.

(2) A licensed veterinarian shall be responsible for the policies and procedures regarding the ordering, purchasing, safe storage, dispensing and administration of all drugs used at an entity registered under RCW 18.92.260 in connection with surgical sterilization or emergency care. Entities are responsible for the ordering, purchasing, and safe storage of all drugs.

(a) The veterinarian shall comply with the state board of pharmacy requirements for controlled substances in chapter 69.50 RCW, and legend drugs in chapter 69.41 RCW.

(b) All drugs shall be stored in accordance with WAC 246-933-320.

(c) All controlled substances shall be stored, maintained, administered, dispensed and prescribed in compliance with federal and Washington state laws.

(d) All legend drugs shall be dispensed in accordance with RCW 18.92.012, 18.92.013, and WAC 246-933-340(5).

(e) A record of all drugs administered and/or dispensed shall be kept in the individual animal's record.

[Statutory Authority: RCW 18.92.030 and 18.92.260. 03-14-035, § 246-933-530, filed 6/23/03, effective 7/24/03.]

**WAC 246-933-550 Investigation.** Treatment records to include drug use shall be made available to representatives of the veterinary board of governors and the board of pharmacy.

[Statutory Authority: RCW 18.92.030 and 18.92.260. 03-14-035, § 246-933-550, filed 6/23/03, effective 7/24/03.]

**WAC 246-933-590 Humane society and animal care and control agency (entity) fees and renewal cycle.** (1) Registrations must be renewed every year on August 1 as provided in chapter 246-12 WAC, Part 3.

(2) The nonrefundable fees are:

<b>Title of Fee</b>	<b>Fee</b>
Entity registration	\$100.00
Entity renewal	75.00
Late renewal penalty	50.00
Expired registration reissuance	50.00

[Statutory Authority: RCW 43.70.250 and 18.92.260. 03-10-044, § 246-933-590, filed 5/1/03, effective 6/1/03.]

## SUBSTANCE ABUSE MONITORING

**WAC 246-933-601 Intent.** It is the intent of the legislature that the veterinary board of governors seek ways to identify and support the rehabilitation of veterinarians where practice or competency may be impaired due to the abuse of drugs or alcohol. The legislature intends that these veterinarians be treated so that they can return to or continue to practice veterinary medicine in a way which safeguards the public. The legislature specifically intends that the veterinary board of governors establish an alternate program to the traditional administrative proceedings against such veterinarians.

In lieu of disciplinary action under RCW 18.130.160 and if the veterinary board of governors determines that the unprofessional conduct may be the result of substance abuse, the veterinary board of governors may refer the license holder to a voluntary substance abuse monitoring program approved by the veterinary board of governors.

[Statutory Authority: RCW 18.92.030, 91-02-060 (Order 108B), recodified as § 246-933-601, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.130.175, 90-21-029 (Order 93), § 308-158-010, filed 10/9/90, effective 11/10/90.]

**WAC 246-933-610 Definitions.** As used in this chapter:

(1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program, complying with applicable state law and approved by the board, which oversees a veterinarian's compliance with a contractually prescribed substance abuse recovery program. Substance abuse monitoring programs may provide evaluation and/or treatment to participating veterinarians.

(2) "Contract" is a comprehensive, structured agreement between the recovering veterinarian and the approved monitoring program wherein the veterinarian consents to comply with the monitoring program and the required components for the veterinarian's recovery activity.

(3) "Approved treatment facility" is a facility recognized as such according to RCW 18.130.175(1).

(4) "Substance abuse" means the impairment, as determined by the board, of a veterinarian's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, controlled substances, or other addictive drugs.

(5) "Aftercare" is that period of time after intensive treatment that provides the veterinarian or the veterinarian's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups, and ongoing continued support of treatment and/or monitoring program staff.

(6) "Veterinarian support group" is a group of veterinarians and/or other health professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced facilitator in which participants may safely discuss drug diversion, licensure issues, return to work, and other professional issues related to recovery.

(7) "Twelve-steps groups" are groups such as Alcoholics Anonymous, Narcotics Anonymous, and related organizations based on a philosophy of anonymity, peer group association, and self-help.

(8) "Random drug screens" are the observed collection of specified bodily fluids together with laboratory tests to detect the presence of drugs of abuse in bodily fluids. Collection must occur at irregular intervals not known in advance by the person to be tested.

(9) "Veterinarian" means an impaired practitioner.

[Statutory Authority: RCW 18.92.030, 91-02-060 (Order 108B), recodified as § 246-933-610, file 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.130.175, 90-21-029 (Order 93), § 308-158-020, filed 10/9/90, effective 11/10/90.]

**WAC 246-933-620 Approval of substance abuse monitoring programs.** The board shall approve the monitoring program(s) which shall participate in the recovery of veterinarians. The board shall enter into a contract with the approved substance abuse monitoring program(s) on an annual basis.

(1) An approved monitoring program may provide referrals for evaluations and/or treatment to the participating veterinarians.

(2) An approved monitoring program staff shall have the qualifications and knowledge of both substance abuse as defined in this chapter and the practice of veterinary medicine to be able to evaluate:

- (a) Drug screening laboratories;
- (b) Laboratory results;
- (c) Providers of substance abuse treatment, both individual and facilities;
- (d) Veterinarians' support groups;
- (e) The veterinarians' work environment; and
- (f) The ability of the veterinarian to practice with reasonable skill and safety.

(3) An approved monitoring program shall enter into a contract with the veterinarian and the board to oversee the veterinarian's compliance with the requirements of the program.

(4) An approved monitoring program staff shall evaluate and recommend to the board, on an individual basis, whether a veterinarian will be prohibited from engaging in the practice of veterinary medicine for a period of time and restrictions, if any, on the veterinarian's access to controlled substances in the work place.

(5) An approved monitoring program shall maintain records on participants.

(6) An approved monitoring program shall be responsible for providing feedback to the veterinarian as to whether treatment progress is acceptable.

(7) An approved monitoring program shall report to the board any veterinarian who fails to comply with the requirements of the monitoring program.

(8) An approved monitoring program shall provide the board with a statistical report on the program, including progress of participants, at least annually, or more frequently as requested by the board. Progress reports shall not include names or any identifying information regarding voluntary participants.

(9) The board shall approve and provide the monitoring program guidelines on treatment, monitoring, and/or limitations on the practice of veterinary medicine for those participating in the program.

(10) An approved monitoring program shall provide for the board a complete financial breakdown of cost for each individual veterinary participant by usage at an interval determined by the board in the annual contract.

(11) An approved monitoring program shall provide for the board a complete annual audited financial statement.

[Statutory Authority: RCW 18.92.030 and 18.130.050. 91-24-098 (Order 221B), § 246-933-620, filed 12/4/91, effective 1/4/92. Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-620, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.130.175. 90-21-029 (Order 93), § 308-158-030, filed 10/9/90, effective 11/10/90.]

**WAC 246-933-630 Participation in approved substance abuse monitoring program.** (1) In lieu of disciplinary action, the veterinarian may accept board referral into an approved substance abuse monitoring program.

(a) The veterinarian shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professionals with expertise in chemical dependency.

(b) The veterinarian shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to the following:

(i) The veterinarian shall agree to remain free of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(ii) The veterinarian shall submit to random drug screening as specified by the approved monitoring program.

(iii) The veterinarian shall sign a waiver allowing the approved monitoring program to release information to the board if the veterinarian does not comply with the requirements of this contract.

(iv) The veterinarian shall undergo approved substance abuse treatment in an approved treatment facility.

(v) The veterinarian shall complete the prescribed after-care program of the approved treatment facility, which may include individual and/or group psychotherapy.

(vi) The veterinarian shall cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(vii) The veterinarian shall attend veterinarians' support groups and/or twelve-step group meetings as specified by the contract.

(viii) The veterinarian shall comply with specified practice conditions and restrictions as defined by the contract.

(ix) Except for (b)(i) through (iii) of this subsection, an approved monitoring program may make an exception to the foregoing requirements on individual contracts.

(c) The veterinarian is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random drug screens, and therapeutic group sessions.

(d) The veterinarian may be subject to disciplinary action under RCW 18.130.160 and 18.130.180 if the veterinarian does not consent to be referred to the approved monitoring program, does not comply with specified practice restrictions, or does not successfully complete the program.

(2005 Ed.)

(2) A veterinarian who is not being investigated or monitored by the board for substance abuse and who is not currently the subject of current disciplinary action, may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 and 18.130.180 for their substance abuse, and shall not have their participation made known to the board if they meet the requirements of the approved monitoring program:

(a) The veterinarian shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation shall be performed by health care professional(s) with expertise in chemical dependency.

(b) The veterinarian shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which may include, but not be limited to the following:

(i) The veterinarian shall undergo approved substance abuse treatment in an approved treatment facility.

(ii) The veterinarian shall agree to remain free of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber as defined in RCW 69.41.030 and 69.50.101.

(iii) The veterinarian shall complete the prescribed after-care program of the approved treatment facility, which may include individual and/or group psychotherapy.

(iv) The veterinarian shall cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(v) The veterinarian shall submit to random observed drug screening as specified by the approved monitoring program.

(vi) The veterinarian shall attend veterinarians' support groups and/or twelve-step group meetings as specified by the contract.

(vii) The veterinarian shall comply with practice conditions and restrictions as defined by the contract.

(viii) The veterinarian shall sign a waiver allowing the approved monitoring program to release information to the board if the veterinarian does not comply with the requirements of this contract.

(ix) Except for (b)(ii) through (iii) of this subsection, an approved monitoring program may make an exception to the foregoing requirements on individual contracts.

(c) The veterinarian is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random drug screens, and therapeutic group sessions.

(3) Treatment and pretreatment records shall be confidential as provided by law.

[Statutory Authority: RCW 18.92.030 and 18.130.050. 91-24-098 (Order 221B), § 246-933-630, filed 12/4/91, effective 1/4/92. Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-630, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.130.175. 90-21-029 (Order 93), § 308-158-040, filed 10/9/90, effective 11/10/90.]

## FEES

**WAC 246-933-990 Veterinarian fees and renewal cycle.** (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
State examination (initial/retake)	\$125.00
Initial state license	115.00
Specialty licensure	115.00
Impaired veterinarian assessment	10.00
Temporary permit	200.00
State or specialty license renewal	120.00
Retired active license and renewal	55.00
Late renewal penalty (state and specialty license)	60.00
Expired license reissuance	60.00
Late renewal penalty (retired active license)	50.00
Duplicate license	15.00
Certification of license	15.00

[Statutory Authority: RCW 43.70.250, 2001 2nd sp.s. c 7 and RCW 18.92.120, 01-23-101, § 246-933-990, filed 11/21/01, effective 1/21/02. Statutory Authority: RCW 43.70.280, 98-05-060, § 246-933-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250, 93-14-011, § 246-933-990, filed 6/24/93, effective 7/25/93; 93-08-028 (Order 351), § 246-933-990, filed 3/30/93, effective 4/30/93; 92-07-036 (Order 252), § 246-933-990, filed 3/10/92, effective 4/10/92. Statutory Authority: RCW 43.70.040, 91-02-050 (Order 122), § 246-933-990, filed 12/27/90, effective 1/31/91.]

### Chapter 246-935 WAC VETERINARY TECHNICIANS

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246-935-120	Frequency and location of examination.
246-935-130	AIDS prevention and information education requirements.
246-935-990	Veterinary technician fees and renewal cycle.

### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-935-080	Grading of examinations. [Statutory Authority: RCW 18.92.030, 91-24-098 (Order 221B), § 246-935-080, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-080, filed 12/28/90, effective 1/31/91; 85-03-085 (Order PL 509), § 308-156-070, filed 1/18/85. Statutory Authority: RCW 18.92.015 and 18.92.030, 83-19-055 (Order PL 445), § 308-156-070, filed 9/19/83. Statutory Authority: RCW 18.92.030, 80-01-069 (Order PL 332), § 308-156-070, filed 12/21/79.] Repealed by 93-08-029 (Order 353B), filed 3/30/93, effective 4/30/93. Statutory Authority: RCW 18.92.030
246-935-125	Registration/renewal/late penalty. [Statutory Authority: RCW 18.92.030, 93-08-029 (Order 353B), § 246-935-125, filed 3/30/93, effective 4/30/93. Statutory Authority: RCW 43.70.040 and 18.92.140, 92-07-036 (Order 252), § 246-935-125, filed 3/10/92, effective 4/10/92.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

246-935-140 Disciplinary reinstatement procedures. [Statutory Authority: RCW 18.92.030, 91-24-098 (Order 221B), § 246-935-140, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-140, filed 12/28/90, effective 1/31/91; 89-02-006 (Order PM 804), § 308-157-010, filed 12/27/88.] Repealed by 99-14-076, filed 7/6/99, effective 8/6/99. Statutory Authority: RCW 18.92.030.

**WAC 246-935-010 Definitions.** (1) "Veterinary technician" means any person who has met the requirements of RCW 18.92.015 and who is registered as required by chapter 18.92 RCW.

(2) "Direct supervision" means the supervisor is on the premises, is quickly and easily available and the animal has been examined by a veterinarian at such times as acceptable veterinary medical practice requires, consistent with the particular delegated animal health care task.

(3) "Emergency" means that the animal has been placed in a life-threatening condition where immediate treatment is necessary to sustain life.

(4) "Immediate supervision" means the supervisor is in audible and visual range of the animal patient and the person treating the patient.

(5) "Indirect supervision" means the supervisor is not on the premises, but has given either written or oral instructions for treatment of the animal patient and the animal has been examined by a veterinarian at such times as acceptable veterinary medical practice requires, consistent with the particular delegated animal health care task and the animal is not anesthetized.

(6) "Supervisor" means a veterinarian or, if a task so provides, a veterinary technician.

(7) "Unregistered assistant" means any individual who is not a veterinary technician or veterinarian.

(8) "Veterinarian" means a person authorized by chapter 18.92 RCW to practice veterinary medicine in the state of Washington.

(9) "Veterinary medical facility" is as defined by WAC 246-933-310.

[Statutory Authority: RCW 18.92.030, 02-10-135, § 246-935-010, filed 5/1/02, effective 6/1/02; 91-24-098 (Order 221B), § 246-935-010, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-010, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030, 83-19-055 (Order PL 445), § 308-156-010, filed 9/19/83. Statutory Authority: RCW 18.92.030, 80-01-069 (Order PL 332), § 308-156-010, filed 12/21/79.]

**WAC 246-935-020 Applications—Veterinary technicians.** Applications for registration as a veterinary technician shall be made on forms prepared by the secretary of the department of health and submitted to the department of health. Applications must be received at least sixty days prior to the scheduled examination. The application, in addition to the required fee, must be accompanied by satisfactory evidence of experience and/or official transcripts or other evidence of completion of educational courses approved by the board. The application shall be signed by the applicant. When the application and the accompanying evidence are found satisfactory, the secretary shall notify the applicant of eligibility to be scheduled for the veterinary technician examination.

[Statutory Authority: RCW 18.92.030, 02-10-135, § 246-935-020, filed 5/1/02, effective 6/1/02; 92-02-057 (Order 233B), § 246-935-020, filed 12/30/91, effective 1/30/92; 91-02-060 (Order 108B), recodified as § 246-

935-020, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-020, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-020, filed 12/21/79.]

**WAC 246-935-030 Grounds for denial, suspension or revocation of registration.** The board may suspend, revoke or deny the issuance or renewal of registration of any veterinary technician and file its decision in the secretary's office if the veterinary technician:

(1) Has employed fraud or misrepresentation in applying for or obtaining the registration;

(2) Has within ten years prior to the date of application been found guilty of a criminal offense relating to the practice of veterinary medicine, surgery and dentistry, including, but not limited to:

(a) Any violation of the Uniform Controlled Substances Act or the Legend Drug Act;

(b) Chronic inebriety;

(c) Cruelty to animals;

(3) Has violated or attempted to violate any provision of chapter 18.92 RCW or any rule or regulation adopted pursuant to that chapter;

(4) Has assisted, abetted or conspired with another person to violate chapter 18.92 RCW, or any rule or regulation adopted under that chapter;

(5) Has performed any animal health care service not authorized by WAC 246-935-040 or 246-935-050.

[Statutory Authority: RCW 18.92.030. 02-10-135, § 246-935-030, filed 5/1/02, effective 6/1/02; 91-24-098 (Order 221B), § 246-935-030, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-030, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-030, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-030, filed 12/21/79.]

**WAC 246-935-040 Responsibilities of veterinarian supervising a veterinary technician or an unregistered assistant.** (1) A veterinarian must not:

(a) Permit any veterinary technician in his/her employ to perform any animal health care services not authorized by WAC 246-935-040 or 246-935-050.

(b) Permit any unregistered assistant to perform any animal health care services not authorized by WAC 246-935-040 or 246-935-050.

(2) The supervising veterinarian shall:

(a) Have legal responsibility for the health, safety and welfare of the animal patient which the veterinary technician or unregistered assistant serves.

(b) Delegate animal health care tasks only if the veterinary technician or unregistered assistant is qualified to perform the task.

(c) Use the level of supervision required for a specific task.

(d) Make all decisions relating to the diagnosis, treatment, management, and future disposition of an animal patient.

(e) Limit the number of unregistered assistants under indirect supervision to two at any single time.

(f) Allow veterinary technicians and unregistered assistants the right and responsibility to refuse to perform duties they are not legally or technically able to perform.

(2005 Ed.)

(3) A supervising veterinarian shall examine the animal patient prior to the delegation of any animal health care task to either a veterinary technician or unregistered assistant. The examination of the animal patient must be conducted at the times and in the manner consistent with veterinary medicine practice, and the particular delegated animal health care task.

(4) If a veterinary technician is authorized, to provide supervision for an unregistered assistant performing a specified health care task, the veterinary technician shall be under the same degree of supervision by the veterinarian, as if the veterinary technician were performing the task.

(5) Unless specifically allowed by regulation, a veterinarian shall not authorize a veterinary technician or an unregistered assistant to perform the following functions:

(a) Surgery, other than outlined in WAC 246-935-050 (1)(a);

(b) Diagnosis and prognosis of animal disease;

(c) Prescribing of drugs, medicines and appliances.

[Statutory Authority: RCW 18.92.030. 02-02-046, § 246-935-040, filed 12/27/01, effective 1/27/02; 92-02-057 (Order 233B), § 246-935-040, filed 12/30/91, effective 1/30/92; 91-24-098 (Order 221B), § 246-935-040, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-040, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-045, filed 9/19/83.]

**WAC 246-935-050 Animal health care tasks.** (1) **Veterinary technicians.**

No individual, other than a registered veterinary technician, may advertise or offer her/his services in a manner calculated to lead others to believe that she/he is a trained or registered veterinary technician.

Veterinary technicians are prohibited from performing the following activities: Surgery except as outlined below; diagnosis and prognosis; prescribing drugs, medication or appliances; initiation of treatment without prior instruction by a veterinarian except as outlined under emergency animal care.

(a) Immediate supervision. A veterinary technician may perform the following tasks only under the immediate supervision of a veterinarian:

(i) Assist veterinarian in surgery by tissue handling;

(ii) Assist veterinarian in surgery by instrument handling;

(iii) Dental extractions.

(b) Direct supervision. A veterinary technician may perform the following tasks under the direct supervision of a veterinarian:

(i) Endotracheal intubation;

(ii) Blood administration;

(iii) Fluid aspiration, including cystocentesis;

(iv) Intraperitoneal injections;

(v) Monitoring of vital signs of anesthetized patient;

(vi) Application of splints;

(vii) Induce anesthesia by intravenous, intramuscular, or subcutaneous injection or by inhalation;

(viii) Administration of immunological agents including rabies vaccination;

(ix) Catheterization of the unobstructed bladder;

(x) Ophthalmological procedure including:

(A) Tear production testing

(B) Topical anesthetic application

- (C) Fluorescein staining of the cornea
- (D) Tonometry;
- (xi) Teeth cleaning, provided an oral examination of the anesthetized patient has been conducted by the veterinarian;
- (xii) Microchip implantation;
- (xiii) Floating teeth;
- (xiv) Removal of partially exposed foxtails and porcupine quills;
- (xv) Provide massage.
- (c) Indirect supervision. A veterinary technician may perform the following tasks under the indirect supervision of a veterinarian. If the animal is anesthetized, these tasks require the direct supervision of a veterinarian.:
  - (i) Enema;
  - (ii) Electrocardiography;
  - (iii) Application of bandages;
  - (iv) Gavage;
  - (v) Ear flush;
  - (vi) Radiology;
  - (A) Patient positioning;
  - (B) Operation of radiograph machines;
  - (C) Oral and rectal administration of radio-opaque materials;
  - (vii) Placement and securing of an intravenous catheter;
  - (viii) Injections of medications not otherwise prohibited:
    - (A) Intramuscular, excluding immunological agents
    - (B) Subcutaneous, excluding immunological agents
    - (C) Intravenous, including giving medication through an established intravenous catheter;
  - (ix) Oral medications;
  - (x) Topical medications;
  - (xi) Laboratory (specimen collections):
    - (A) Collection of tissue during or after a veterinarian has performed a necropsy
    - (B) Urine, except cystocentesis
    - (C) Blood
    - (D) Parasitology
    - (E) Exfoliative cytology
    - (F) Microbiology
    - (G) Fecal material
  - (xii) Laboratory (specimen testing):
    - (A) Urinalysis
    - (B) Hematology
    - (C) Serology
    - (D) Chemistries
    - (E) Endocrinology
    - (F) Parasitology
    - (G) Exfoliative cytology
    - (H) Microbiology
    - (I) Fecal analysis;
  - (xiii) Administration of preanesthetic drugs;
  - (xiv) Oxygen therapy;
  - (xv) Euthanasia in all circumstances as otherwise allowed by law;
  - (xvi) Removal of sutures;
  - (xvii) Indirect blood pressure measurement;
  - (xviii) Obtaining a general history from a client of a patient and the client's concerns regarding that patient;
  - (xix) Preliminary physical examination including temperature, pulse and respiration;
  - (xx) Behavioral consultation with clients;

- (xxi) Dietary consultation with clients.
- (2) **Unregistered assistants.**  
Induction of anesthesia by any method is prohibited.
  - (a) Immediate supervision by veterinarian. An unregistered assistant may perform the following tasks only under the immediate supervision of a veterinarian:
    - (i) Assist veterinarian in surgery by tissue handling;
    - (ii) Assist veterinarian in surgery by instrument handling.
  - (b) Immediate supervision by veterinarian or veterinary technician. An unregistered assistant may perform the following tasks only under the immediate supervision of either a veterinarian or veterinary technician:
    - (i) Blood administration;
    - (ii) Laboratory (specimen collections):
      - (A) Hematology
      - (B) Exfoliative cytology, including skin scraping
      - (C) Microbiology
      - (D) Serology;
    - (ii) Placement and securing of an intravenous catheter.
  - (c) Direct supervision by veterinarian. An unregistered assistant may perform the following tasks only under the direct supervision of a veterinarian:
    - (i) Monitor vital signs of anesthetized patient;
    - (ii) Euthanasia in all circumstances as otherwise allowed by law;
    - (iii) Removal of sutures;
    - (iv) Teeth cleaning, provided an oral examination of the anesthetized patient has been conducted by the veterinarian;
    - (v) Provide massage;
    - (vi) Administration of immunological agents including rabies vaccination;
    - (vii) Microchip implantation;
    - (viii) Enema;
    - (ix) Removal of partially exposed foxtails and porcupine quills from skin and feet.
  - (d) Direct supervision by veterinarian or veterinary technician. An unregistered assistant may perform the following tasks under direct supervision of either a veterinarian or veterinary technician. If the animal is anesthetized, these tasks require immediate supervision of a veterinarian or a veterinary technician:
    - (i) Application of bandages;
    - (ii) Ear flush;
    - (iii) Electrocardiography;
    - (iv) Intramuscular or subcutaneous injections of medications not otherwise prohibited;
    - (v) Laboratory (test preparation, not evaluation):
      - (A) Parasitology
      - (B) Serology
      - (C) Urinalysis;
    - (vi) Preliminary physical examination including temperature, pulse and respiration;
    - (vii) Radiology:
      - (A) Patient positioning
      - (B) Operation of radiograph machines
      - (C) Rectal and oral administration of radio-opaque materials.
  - (e) Indirect supervision. An unregistered assistant may perform the following tasks under the indirect supervision of

a veterinarian. If the animal is anesthetized, these tasks require the direct supervision of a veterinarian:

- (i) Oral medications;
- (ii) Topical medications;
- (iii) Laboratory (specimen collection):  
Collecting of voided urine and fecal material;
- (iv) Oxygen therapy;
- (v) Obtaining a general history from a client of a patient and the client's concerns;
- (vi) Behavioral consultation with clients;
- (vii) Dietary consultation with clients.

**(3) Emergency animal care.**

(a) Under conditions of an emergency, a veterinary technician and unregistered assistant may render certain life saving aid to an animal. A veterinary technician may:

- (i) Apply tourniquets and/or pressure bandages to control hemorrhage;
- (ii) Administer pharmacologic agents to prevent or control shock. Placement of an intravenous catheter and administering parenteral fluids, must only be performed after direct communication with a veterinarian, and only if the veterinarian is either present or immediately enroute to the location of the distressed animal;
- (iii) Administer resuscitative oxygen procedures;
- (iv) Establish open airways including the use of intubation appliances, but excluding surgery;
- (v) Administer external cardiac resuscitation;
- (vi) Apply temporary splints or bandages to prevent further injury to bones or soft tissues;
- (vii) Apply appropriate wound dressings and external supportive treatment in severe burn cases;
- (viii) Apply external supportive treatment to stabilize body temperature.

(b) An unregistered assistant may:

- (i) Apply tourniquets and/or pressure bandages to control hemorrhage;
- (ii) Administer resuscitative oxygen procedures;
- (iii) Establish open airways including intubation appliances, but excluding surgery;
- (iv) Apply external supportive treatment to stabilize body temperature.

[Statutory Authority: RCW 18.92.030. 02-02-046, § 246-935-050, filed 12/27/01, effective 1/27/02; 91-02-060 (Order 108B), recodified as § 246-935-050, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-050, filed 9/19/83.]

**WAC 246-935-060 Eligibility for examination as veterinary technician.** Applicants must meet one of the following criteria to be eligible for the examination.

(1) Completion of a postsecondary educational program for animal or veterinary technology approved by the Committee on Veterinary Technician Education and Activities (CVTEA) of the American Veterinary Medical Association (AVMA). The board approves all institutions accredited by, and in good standing with, the AVMA. AVMA-accredited programs in veterinary technology means any postsecondary educational program of two or more academic years that has fulfilled the essential criteria established by the Committee on Veterinary Technician Education and Activities and approved by the AVMA House of Delegates (AVMA/

(2005 Ed.)

NAVTA Liaison Committee Model Practice Act adopted 1992). Other institutions applying for board approval must meet the accreditation standards of the CVTEA. It is the responsibility of the institution to apply for approval and of a student to ascertain whether or not a school has been approved by the board. The examination may not be taken prior to six months preceding graduation from the course of instruction.

(2) Graduation from a two-year curriculum in animal health or veterinary technology which is not accredited by the CVTEA plus a minimum of thirty-six months of full-time experience under the supervision of a licensed veterinarian(s) who must attest to the completion of that experience.

(3) Award of a D.V.M. or V.M.D. degree or equivalent from an American Veterinary Medical Association accredited or listed college of veterinary medicine.

(4) Registration, certification, or licensure as an animal health or veterinary technician in one or more states and thirty-six months of full-time experience under the supervision of a licensed veterinarian(s).

(5) Completion of a course in veterinary technician education as a member of the United States military and completion of a tour of active duty as a veterinary technician or specialist.

(6) Five years full-time experience as an unregistered assistant under the supervision of a licensed veterinarian(s) who must attest to the completion of that experience.

[Statutory Authority: RCW 18.92.030. 02-02-046, § 246-935-060, filed 12/27/01, effective 1/27/02; 93-12-126 (Order 368B), § 246-935-060, filed 6/2/93, effective 7/3/93; 91-24-098 (Order 221B), § 246-935-060, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-060, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-055, filed 9/19/83.]

**WAC 246-935-070 Examination for registration as a veterinary technician.** (1) All applicants shall be required to successfully complete the veterinary technician national examination as approved by the board, and the Washington state examination that consists of questions pertaining to the laws and rules regulating technicians.

(2) The passing criteria or score is:  
(a) Criteria-referenced passing score on the national examination.

(b) Ninety percent on the Washington state examination.

[Statutory Authority: RCW 18.92.030. 03-11-034, § 246-935-070, filed 5/15/03, effective 6/15/03; 93-08-029 (Order 353B), § 246-935-070, filed 3/30/93, effective 4/30/93; 91-24-098 (Order 221B), § 246-935-070, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-070, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-156-060, filed 4/1/88. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-060, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-060, filed 12/21/79.]

**WAC 246-935-090 Examination review procedures.**

(1) Each individual who takes the examination for registration as a veterinary technician and does not pass the examination may request review by the board of his or her examination results. This request must be in writing and shall be received by the board within thirty days of notification of the examination results. The request shall state the reason or reasons the applicant feels the results of the examination should be changed. The board shall not consider any challenges to

examination scores unless the total revised score could result in the issuance of a registration. The board shall consider the following to be adequate reasons for consideration for review and possible modification of examination results:

(a) A showing of a significant procedural error in the examination process;

(b) Evidence of bias, prejudice or discrimination in the examination process;

(c) Other significant errors which result in substantial disadvantage to the applicant.

(2) Any applicant who is not satisfied with the result of the examination review may appeal the board's decision and may request a formal hearing before the board under the Administrative Procedure Act. The hearing shall be requested within twenty days of receipt of the result of the board's review of the examination results.

[Statutory Authority: RCW 18.92.030. 02-10-135, § 246-935-090, filed 5/1/02, effective 6/1/02; 91-24-098 (Order 221B), § 246-935-090, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-090, filed 12/28/90, effective 1/31/91; 86-08-068 (Order PL 584), § 308-156-075, filed 4/1/86.]

**WAC 246-935-100 Reexamination.** An applicant who has failed the veterinary technician examination may apply for reexamination.

[Statutory Authority: RCW 18.92.030. 02-10-135, § 246-935-100, filed 5/1/02, effective 6/1/02; 91-24-098 (Order 221B), § 246-935-100, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-100, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-080, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-080, filed 12/21/79.]

**WAC 246-935-110 Examination procedures.** Failure to follow written or oral instructions relative to the conduct of the examination, including termination times of the examination, shall be considered grounds for expulsion from the examination.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-935-110, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-110, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-156-090, filed 4/1/88. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-090, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-090, filed 12/21/79.]

**WAC 246-935-120 Frequency and location of examination.** (1) The examination for veterinary technicians shall be given at least once a year at times and places authorized by the secretary.

(2) If the applicant fails to appear for examination at the designated time and place, the applicant will forfeit the examination fee unless the applicant has notified the department of health in writing of an inability to appear for the scheduled exam at least five days before the designated time.

[Statutory Authority: RCW 18.92.030. 02-10-135, § 246-935-120, filed 5/1/02, effective 6/1/02; 91-24-098 (Order 221B), § 246-935-120, filed 12/4/91, effective 1/4/92; 91-02-060 (Order 108B), recodified as § 246-935-120, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-156-100, filed 4/1/88. Statutory Authority: RCW 18.92.015 and 18.92.030. 83-19-055 (Order PL 445), § 308-156-100, filed 9/19/83. Statutory Authority: RCW 18.92.030. 80-01-069 (Order PL 332), § 308-156-100, filed 12/21/79.]

[Title 246 WAC—p. 1364]

**WAC 246-935-130 AIDS prevention and information education requirements.** Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8. Alternatives to formal coursework may be in the form of video tapes, professional journal articles, periodicals, or audio tapes, that contain current or updated information.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-935-130, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.92.030 and 70.24.270. 91-24-098 (Order 221B), § 246-935-130, filed 12/4/91, effective 1/4/92. Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-935-130, filed 12/28/90, effective 1/31/91. Statutory Authority: 1988 c 206 § 604 and RCW 18.92.030. 89-10-076 (Order PM 836), § 308-156-200, filed 5/3/89.]

**WAC 246-935-990 Veterinary technician fees and renewal cycle.** (1) Registrations must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
State examination (initial/retake)	\$100.00
Initial registration	75.00
Renewal	65.00
Late renewal penalty	50.00
Expired registration reissuance	50.00
Duplicate registration	15.00
Certification of registration	15.00

[Statutory Authority: RCW 43.70.250, 2001 2nd sp.s. c 7 and RCW 18.92.-125. 01-23-101, § 246-935-990, filed 11/21/01, effective 1/21/02. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-935-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250. 93-14-011, § 246-935-990, filed 6/24/93, effective 7/25/93; 92-07-036 (Order 252), § 246-935-990, filed 3/10/92, effective 4/10/92. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-935-990, filed 12/27/90, effective 1/31/91.]

## Chapter 246-937 WAC

### REGISTERED VETERINARY MEDICATION CLERKS

#### WAC

246-937-010	Definitions.
246-937-020	Responsibility for supervision.
246-937-030	Tasks and prohibited functions.
246-937-040	Training and education.
246-937-050	Applications.
246-937-060	Transfer of registration.
246-937-070	Termination of sponsorship.
246-937-080	HIV/AIDS prevention and information education requirements.
246-937-090	Grounds for denial, suspension, or revocation of registration.
246-937-110	Exemption.
246-937-990	Veterinary medication clerk fees and renewal cycle.

#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-937-100	Renewal of certification. [Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-100, filed 1/31/95, effective 3/3/95.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.
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**WAC 246-937-010 Definitions.** (1) "Registered veterinary medication clerk" means any person who has met the requirements for registration as established by the veterinary board of governors (board) and WAC 246-937-040.

(2005 Ed.)

(2) "Direct supervision" means the supervising licensed veterinarian is on the premises and is quickly and easily available.

(3) "Indirect supervision" means the supervising licensed veterinarian is not on the premises, but has given either written or oral instructions regarding policies and procedures for the handling of legend drugs.

(4) "On-the-job training program" means a program following the guidelines approved by the board.

(5) "Supervising veterinarian" means the licensed veterinarian who is responsible for closely supervising the registered veterinary medication clerk while performing daily duties.

(6) "Sponsoring veterinarian" means the licensed veterinarian who is responsible for training and reviewing the work of a registered veterinary medication clerk. An appropriate degree of supervision is involved.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-010, filed 5/7/02, effective 6/7/02. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-010, filed 1/31/95, effective 3/3/95.]

#### **WAC 246-937-020 Responsibility for supervision.**

Licensed veterinarians are responsible and accountable for the ordering, inventory, labeling, counting, packaging and delivery of legend drugs utilized in their practice. In accordance with chapter 18.92 RCW, certain nondiscretionary pharmaceutical tasks may be delegated by a veterinarian to a qualified nonveterinarian. The delegating veterinarian is responsible for the supervision of pharmaceutical tasks performed by veterinary medication clerks and veterinary technicians. Records shall be maintained that account for the receipt and disposition of all legend drugs. A registered veterinary medication clerk may be supervised by a licensed veterinarian other than the sponsor subject to the sponsoring veterinarian's approval. The sponsoring veterinarian shall be primarily responsible for the performance and acts of the registered veterinary medication clerk.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-020, filed 5/7/02, effective 6/7/02. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-020, filed 1/31/95, effective 3/3/95.]

#### **WAC 246-937-030 Tasks and prohibited functions.**

(1) A registered veterinary medication clerk may perform the following tasks only under the direct supervision of a licensed veterinarian: Counting, labeling, and packaging of legend drugs. A licensed veterinarian must personally inspect all packaged medication orders to ensure the accuracy of the order prior to delivery to the client. The licensed veterinarian will document the medication inspection by placing his/her initials in the patient's record.

(2) A registered veterinary medication clerk may perform the following tasks under the indirect supervision of a licensed veterinarian: Ordering, stocking, inventorying, and the delivery of legend drugs. The identity of the client must be confirmed before the delivery of legend drugs.

(3) The following functions must not be delegated by a licensed veterinarian to a registered veterinary medication clerk:

(a) Consultation with a client regarding the medication order and/or any information involving professional clinical judgment.

(2005 Ed.)

(b) Dispensing any medication. The medication must be recorded in the patient's record by the authorizing veterinarian.

(c) Extemporaneous compounding of a medication order.

(d) Interpretation of data in a patient record.

(e) Final inspection of a completed medication order as described in WAC 246-937-030(1).

(f) Any duties required by law to be performed by a licensed veterinarian.

(g) Any ordering, accountability, packaging, or delivery of controlled substances as defined in or under chapter 69.50 RCW.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-030, filed 5/7/02, effective 6/7/02. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-030, filed 1/31/95, effective 3/3/95.]

**WAC 246-937-040 Training and education.** (1) The training of veterinary medication clerks must be obtained by completion of an on-the-job training program following guidelines approved by the board.

(2) The minimum educational requirement must be high school graduation or equivalency.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-040, filed 5/7/02, effective 6/7/02. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-040, filed 1/31/95, effective 3/3/95.]

**WAC 246-937-050 Applications.** In addition to the requirements of chapter 246-12 WAC, Part 2, the application must be signed by the sponsoring veterinarian attesting that the applicant is qualified to perform the responsibilities of a registered veterinary medication clerk and is familiar with the procedures and policies of the practice. Registration is valid only for employment at the veterinary practice identified in the application and/or pursuant to WAC 246-937-020.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-050, filed 5/7/02, effective 6/7/02. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-937-050, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-050, filed 1/31/95, effective 3/3/95.]

**WAC 246-937-060 Transfer of registration.** In the event that a veterinary medication clerk who is currently registered, desires to be sponsored by another licensed veterinarian, application for transfer of registration must be made on forms provided by the board and be subject to the board's approval.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-060, filed 5/7/02, effective 6/7/02. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-060, filed 1/31/95, effective 3/3/95.]

**WAC 246-937-070 Termination of sponsorship.** Upon termination of the working relationship, between the registered veterinary medication clerk and the sponsoring veterinarian, the sponsoring veterinarian shall notify the board in writing.

[Statutory Authority: RCW 18.92.030 and 18.92.145. 02-11-022, § 246-937-070, filed 5/7/02, effective 6/7/02. Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-070, filed 1/31/95, effective 3/3/95.]

**WAC 246-937-080 HIV/AIDS prevention and information education requirements.** Applicants must complete

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four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8. Alternatives to formal coursework may be in the form of video tapes, professional journal articles, periodicals, or audio tapes, that contain current or updated information.

[Statutory Authority: RCW 43.70.280, 98-05-060, § 246-937-080, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.92 RCW, 95-04-083, § 246-937-080, filed 1/31/95, effective 3/3/95.]

**WAC 246-937-090 Grounds for denial, suspension, or revocation of registration.** The board may suspend, revoke or deny the issuance or renewal of registration of any veterinary medication clerk and file its decision in the secretary's office if the veterinary medication clerk:

- (1) Has employed fraud or misrepresentation in applying for or obtaining the registration;
- (2) Has within ten years prior to the date of application been found guilty by any court of competent jurisdiction of violation of laws relating to the practice of veterinary medicine, surgery and dentistry, including, but not limited to:
  - (a) State or federal laws relating to the regulation of drugs;
  - (b) Chronic inebriety;
  - (c) Cruelty to animals;
- (3) Has violated or attempted to violate any provision of chapter 18.92 RCW or any rule or regulation adopted pursuant to that chapter;
- (4) Has assisted, abetted or conspired with another person to violate chapter 18.92 RCW, or any rule or regulation adopted pursuant to that chapter;
- (5) Has performed any animal health care service not authorized by WAC 246-937-030.

[Statutory Authority: RCW 18.92.030 and 18.92.145, 02-11-022, § 246-937-090, filed 5/7/02, effective 6/7/02. Statutory Authority: Chapter 18.92 RCW, 95-04-083, § 246-937-090, filed 1/31/95, effective 3/3/95.]

**WAC 246-937-110 Exemption.** All employees, including but not limited to, animal health technicians, employed by research facilities or other testing or educational businesses or institutions, shall be exempt from the provisions of this chapter provided, that said employees are under the direct supervision of licensed veterinarians and further, that animals being treated, tested or utilized are not client-owned animals.

[Statutory Authority: Chapter 18.92 RCW, 95-04-083, § 246-937-110, filed 1/31/95, effective 3/3/95.]

**WAC 246-937-990 Veterinary medication clerk fees and renewal cycle.** (1) Registrations must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Initial registration	\$30.00
Renewal	30.00
Late renewal penalty	30.00
Expired registration reissuance	30.00
Duplicate registration	15.00

[Statutory Authority: RCW 43.70.250, 2001 2nd sp.s. c 7 and RCW 18.92.125, 01-23-101, § 246-937-990, filed 11/21/01, effective 1/21/02. Statutory Authority: RCW 43.70.280, 98-05-060, § 246-937-990, filed

2/13/98, effective 3/16/98. Statutory Authority: Chapter 34.05 RCW, 94-19-098, § 246-937-990, filed 9/21/94, effective 10/22/94.]

## Chapter 246-939 WAC

### SURGICAL TECHNOLOGIST PROGRAM

#### WAC

246-939-005	What is the purpose of these rules?
246-939-010	Who can delegate to a surgical technologist?
246-939-020	How do I register as a surgical technologist?
246-939-030	Who needs to be registered as a surgical technologist?
246-939-040	How do I renew my surgical technologist registration if it has expired?
246-939-050	Are there tasks a surgical technologist is not allowed to do?
246-939-990	Surgical technologists—Fees and renewal cycle.

**WAC 246-939-005 What is the purpose of these rules?** These rules:

- (1) Implement the law passed by the legislature to register surgical technologists and place them under chapter 18.130 RCW, the Uniform Disciplinary Act.
- (2) Inform the public of who must register under this law.
- (3) Inform applicants and registrants of the type of actions that can lead to discipline against their credential.
- (4) Inform applicants of their recourse in the event their application is denied.

[Statutory Authority: Chapter 18.215 RCW and RCW 18.130.050 and 18.215.040, 01-14-044, § 246-939-005, filed 6/29/01, effective 7/30/01.]

**WAC 246-939-010 Who can delegate to a surgical technologist?** Health care practitioners who may delegate as referenced in RCW 18.215.010 and include:

- (1) Physicians licensed under chapter 18.71 RCW.
- (2) Registered nurses and advanced registered nurse practitioners licensed under chapter 18.79 RCW.
- (3) Osteopathic physicians licensed under chapter 18.57 RCW.
- (4) Osteopathic physician assistants licensed under chapter 18.57A RCW.
- (5) Podiatric physicians licensed under chapter 18.22 RCW.
- (6) Dentists licensed under chapter 18.32 RCW.
- (7) Physician's assistants and physician's assistant surgical assistants licensed under chapter 18.71A RCW.
- (8) Naturopathic physicians as licensed under chapter 18.36A RCW.

[Statutory Authority: Chapter 18.215 RCW and RCW 18.130.050, 00-23-119, § 246-939-010, filed 11/22/00, effective 12/23/00.]

**WAC 246-939-020 How do I register as a surgical technologist?** (1) How do I obtain a registration application?

- (a) Applicant may obtain an application by contacting the department. Applicants must return the completed application to be registered.
- (b) Completed original applications shall be sent to the department of health.
- (c) All applicants shall refer to chapter 246-12 WAC, Parts 1, 2, 10, and 11.
- (2) Is there a requirement for education?

(a) Applicants must complete seven clock hours of AIDS education as required by RCW 70.24.270 and chapter 246-12 WAC, Part 8.

(b) Registration does not require additional education.

[Statutory Authority: Chapter 18.215 RCW and RCW 18.130.050 and 18.215.040. 01-14-044, § 246-939-020, filed 6/29/01, effective 7/30/01.]

**WAC 246-939-030 Who needs to be registered as a surgical technologist?** (1) Anyone representing themselves as a surgical technologist by title or by description as a person who performs tasks in the surgical setting under the delegation of authority of a licensed health care practitioner.

(2) For the purposes of this chapter "surgical setting" means any place surgery takes place where the patient is placed in a sterile field.

(3) Surgical technologists perform tasks that typically consist of, but are not limited to, the following tasks in a surgical setting:

(a) Prepare basic sterile packs and trays.

(b) Assist with the physical preparation of the operating room, creating the sterile field, and maintaining sterile technique during operative procedure.

(c) Identify and select appropriate packs, trays and accessory/specialty equipment for each surgery.

(d) Prepare supplies and instruments for sterile field.

(e) Assists with the count of instruments, sponges, needles and other surgical items. Surgical technologists are not accountable for the final count of surgical instrumentation.

(f) Pass correct instruments, supplies and sutures as needed by the surgeon.

(g) Sponge or suction the operative site, retract tissue for exposure at the operative site and assist with irrigation under immediate supervision of the licensed health care practitioner.

(h) Cut sutures placed by the authorized health care practitioner.

(i) Prepare specimens for submission for pathological analysis.

(j) Fire automatic staple gun as directed by the licensed health care practitioner for skin stapling. Deep tissue stapling is not allowed.

(k) Move drugs to the sterile field.

(4) Registered nurses, practical nurses and other credentialed providers acting within their scope do not need to register.

[Statutory Authority: Chapter 18.215 RCW and RCW 18.130.050. 00-23-119, § 246-939-030, filed 11/22/00, effective 12/23/00.]

**WAC 246-939-040 How do I renew my surgical technologist registration if it has expired?** (1) If the credential has expired for three years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If the credential has expired for more than three years, the practitioner must reapply for registration under the requirements of this chapter and the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: Chapter 18.215 RCW and RCW 18.130.050 and 18.215.040. 01-14-044, § 246-939-040, filed 6/29/01, effective 7/30/01.]

(2005 Ed.)

**WAC 246-939-050 Are there tasks a surgical technologist is not allowed to do?** Tasks that shall not be performed by a surgical technologist include:

(1) Activities that constitute the practice of medicine under the Medical Practice Act in RCW 18.71.011 including: Prescribing or administering; penetrating or severing tissue, including, but not limited to, suturing and cutting/incisions, regardless of instrumentality.

(2) Dispensing medications, as defined in RCW 18.64.011 and 69.41.010.

[Statutory Authority: Chapter 18.215 RCW and RCW 18.130.050. 00-23-119, § 246-939-050, filed 11/22/00, effective 12/23/00.]

**WAC 246-939-990 Surgical technologists—Fees and renewal cycle.** (1) Registration must be renewed every year on registrant's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged for registration:

Title of Fee	Fee
Application for registration	\$50.00
Renewal of registration	125.00
Registration late fee	62.50
Duplicate registration	10.00
Expired registration reissuance	62.50
Registration issuance	25.00

[Statutory Authority: Chapter 18.215 RCW. 99-24-097, § 246-939-990, filed 11/30/99, effective 12/31/99.]

**Chapter 246-976 WAC**

**EMERGENCY MEDICAL SERVICES AND TRAUMA CARE SYSTEMS**

**WAC**

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246-976-010 Definitions.

**TRAINING**

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246-976-031 Senior EMS instructor (SEI).  
246-976-041 To apply for training.

**CERTIFICATION**

246-976-141 To apply for certification.  
246-976-151 Reciprocity, challenges, reinstatement and other actions.  
246-976-161 Education requirements for certification.  
246-976-171 To apply for recertification/renewal.  
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**LICENSURE AND VERIFICATION**

246-976-260 Licenses required.  
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246-976-290 Ground ambulance vehicle standards.  
246-976-300 Ground ambulance and aid vehicles—Equipment.  
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246-976-320 Air ambulance services.  
246-976-330 Ambulance and aid services—Record requirements.  
246-976-340 Ambulance and aid services—Inspections and investigations.  
246-976-390 Verification of trauma care services.  
246-976-400 Verification—Noncompliance with standards.

**TRAUMA REGISTRY**

246-976-420 Trauma registry—Department responsibilities.  
246-976-430 Trauma registry—Provider responsibilities.



- 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.
- 246-976-110 Senior EMT instructor—Qualifications and responsibilities. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-110, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
- 246-976-115 Course coordinator—Responsibilities. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-115, filed 12/23/92, effective 1/23/93.] Repealed by 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.
- 246-976-120 Disciplinary action—Training personnel. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-120, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
- 246-976-140 Certification and recertification—General requirements. [Statutory Authority: Chapter 18.71 RCW. 96-17-067, § 246-976-140, filed 8/20/96, effective 9/20/96. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-140, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
- 246-976-150 Certification and recertification—First responder. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-150, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
- 246-976-160 Certification and recertification—Emergency medical technician. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-160, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
- 246-976-165 Levels of certified intermediate life support personnel and paramedics. [Statutory Authority: Chapter 18.71 RCW. 96-03-052, § 246-976-165, filed 1/12/96, effective 2/12/96.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
- 246-976-170 Certification and recertification—Intravenous therapy technicians. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-170, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
- 246-976-180 Certification and recertification—Airway technicians. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-180, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
- 246-976-181 Certification and recertification—Intermediate life support technician. [Statutory Authority: Chapter 18.71 RCW. 96-17-067, § 246-976-181, filed 8/20/96, effective 9/20/96.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
- 246-976-190 Recertification—IV and airway technicians. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-190, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
- 246-976-200 Certification and recertification—Paramedics. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-200, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
- 246-976-210 Certification—Reciprocity, challenges, and reinstatement. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-210, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
- 246-976-220 EMS personnel—Scope of care authorized, prohibited. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-220, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
- 246-976-230 Certification—Reversion, revocation, suspension, modification, or denial. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-230, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
- 246-976-240 Notice of decision and hearing. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-240, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
- 246-976-280 Ground ambulance and aid services—Personnel requirements. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-280, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
- 246-976-350 Ambulance and aid services—Variances from requirements. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-350, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
- 246-976-370 Ambulance and aid services—Prehospital trauma triage procedures. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-370, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
- 246-976-440 Trauma registry—Reports. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-440, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
- 246-976-450 Access and release of trauma registry information. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-450, filed 12/23/92, effective 1/23/93.] Repealed by 00-08-102, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW.
- 246-976-470 Trauma care facilities—Designation process. [Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-470, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-470, filed 12/23/92, effective 1/23/93.] Repealed by 98-04-038, filed 1/29/98, effective 3/1/98. Statutory Authority: Chapter 70.168 RCW.
- 246-976-475 On-site review for designation. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-475, filed 12/23/92, effective 1/23/93.] Repealed by 98-04-038, filed 1/29/98, effective 3/1/98. Statutory Authority: Chapter 70.168 RCW.
- 246-976-480 Denial, revocation, or suspension of designation. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-480, filed 12/23/92, effective 1/23/93.] Repealed by 98-04-038, filed 1/29/98, effective 3/1/98. Statutory Authority: Chapter 70.168 RCW.
- 246-976-500 Designation standards for facilities providing level I trauma care service—Administration and organization. [Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-500, filed 6/5/02, effective 7/6/02; 98-04-038, § 246-976-500, filed 1/29/98, effective 3/1/98. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323),



- 01-041, filed 12/10/03, effective 1/10/04. Statutory Authority: RCW 70.168.060 and 70.168.070.
- 246-976-770 Designation standards for facilities providing level II pediatric trauma care service—Administration and organization. [Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-770, filed 6/5/02, effective 7/6/02; 98-19-107, § 246-976-770, filed 9/23/98, effective 10/24/98; 98-04-038, § 246-976-770, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-770, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-770, filed 12/23/92, effective 1/23/93.] Repealed by 04-01-041, filed 12/10/03, effective 1/10/04. Statutory Authority: RCW 70.168.060 and 70.168.070.
- 246-976-780 Designation standards for facilities providing level II pediatric trauma care service—Basic resources and capabilities. [Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-780, filed 6/5/02, effective 7/6/02; 98-19-107, § 246-976-780, filed 9/23/98, effective 10/24/98; 98-04-038, § 246-976-780, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-780, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-780, filed 12/23/92, effective 1/23/93.] Repealed by 04-01-041, filed 12/10/03, effective 1/10/04. Statutory Authority: RCW 70.168.060 and 70.168.070.
- 246-976-790 Designation standards for facilities providing level II pediatric trauma care service—Outreach, public education, and trauma care education. [Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-790, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-790, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-790, filed 12/23/92, effective 1/23/93.] Repealed by 04-01-041, filed 12/10/03, effective 1/10/04. Statutory Authority: RCW 70.168.060 and 70.168.070.
- 246-976-810 Designation standards for facilities providing level III pediatric trauma care service—Administration and organization. [Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-810, filed 6/5/02, effective 7/6/02; 98-19-107, § 246-976-810, filed 9/23/98, effective 10/24/98; 98-04-038, § 246-976-810, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-810, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-810, filed 12/23/92, effective 1/23/93.] Repealed by 04-01-041, filed 12/10/03, effective 1/10/04. Statutory Authority: RCW 70.168.060 and 70.168.070.
- 246-976-820 Designation standards for facilities providing level III pediatric trauma care service—Basic resources and capabilities. [Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-820, filed 6/5/02, effective 7/6/02; 98-19-107, § 246-976-820, filed 9/23/98, effective 10/24/98; 98-04-038, § 246-976-820, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-820, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-820, filed 12/23/92, effective 1/23/93.] Repealed by 04-01-041, filed 12/10/03, effective 1/10/04. Statutory Authority: RCW 70.168.060 and 70.168.070.
- 246-976-822 Designation standards for facilities providing level III pediatric trauma care service—Trauma care education. [Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-822, filed 1/29/98, effective 3/1/98.] Repealed by 04-01-041, filed 12/10/03, effective 1/10/04. Statutory Authority: RCW 70.168.060 and 70.168.070.
- 246-976-880 Trauma quality assurance programs for designated trauma care hospitals. [Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-880, filed 12/23/92, effective 1/23/93.] Repealed by 98-04-038, filed 1/29/98, effective 3/1/98. Statutory Authority: Chapter 70.168 RCW.

chapters 18.73 and 70.168 RCW; and those sections of chapter 70.24 RCW relating to EMS/TC personnel and services.

(1) This chapter establishes criteria for:

(a) Training and certification of basic, intermediate and advanced life support technicians;

(b) Licensure and inspection of ambulance and aid services;

(c) Verification of prehospital trauma services;

(d) Development and operation of a statewide trauma registry;

(e) The designation process and operating requirements for designated trauma care services;

(f) A statewide emergency medical communication system;

(g) Administration of the statewide EMS/TC system.

(3) This chapter does not contain detailed procedures to implement the state EMS/TC system. Request procedures, guidelines, or any publications referred to in this chapter from the Office of Emergency Medical and Trauma Prevention, Department of Health, Olympia, WA 98504-7853 or on the internet at [www.doh.wa.gov](http://www.doh.wa.gov).

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-001, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-001, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-010 Definitions.** Definitions in RCW 18.71.200, 18.71.205, 18.73.030, and 70.168.015 apply to this chapter. In addition, unless the context plainly requires a different meaning, the following words and phrases used in this chapter mean:

"ACLS" means advanced cardiac life support, a course developed by the American Heart Association.

"Activation of the trauma system" means mobilizing resources to care for a trauma patient in accordance with regional patient care procedures. When the prehospital provider identifies a major trauma patient, using approved prehospital trauma triage procedures, he or she notifies both dispatch and medical control from the field.

"Adolescence" means the period of physical and psychological development from the onset of puberty to maturity, approximately twelve to eighteen years of age.

"Advanced first aid," for the purposes of RCW 18.73.120, 18.73.150, and 18.73.170, means a course of at least twenty-four hours of instruction, which includes at least:

- CPR;
- Airway management;
- Trauma/wound care;
- Immobilization.

"Agency response time" means the interval from agency notification to arrival on the scene. It is the combination of activation and en route times defined under system response times in this section.

"Aid service" means an agency licensed by the department to operate one or more aid vehicles, consistent with regional and state plans.

"Airway technician" means a person who:

- Has been trained in an approved program to perform endotracheal airway management and other authorized aids to ventilation under written or oral authorization of an MPD or approved physician delegate; and

**WAC 246-976-001 Purpose.** The purpose of these rules is to implement RCW 18.71.200 through 18.71.215, and

- Has been examined and certified as an airway technician by the department or by the University of Washington's school of medicine.

"ALS" means advanced life support.

"Ambulance service" means an agency licensed by the department to operate one or more ground or air ambulances. Ground ambulance service operation must be consistent with regional and state plans. Air ambulance service operation must be consistent with the state plan.

"Approved" means approved by the department of health.

"ATLS" means advanced trauma life support, a course developed by the American College of Surgeons.

"Attending surgeon" means a physician who is board-certified or board-qualified in general surgery, and who has surgical privileges delineated by the facility's medical staff. The attending surgeon is responsible for care of the trauma patient, participates in all major therapeutic decisions, and is present during operative procedures.

"Available" for designated trauma services described in WAC 246-976-485 through 246-976-890 means physically present in the facility and able to deliver care to the patient within the time specified. If no time is specified, the equipment or personnel must be available as reasonable and appropriate for the needs of the patient.

"BLS" means basic life support.

"Basic life support" means emergency medical services requiring basic medical treatment skills as defined in chapter 18.73 RCW.

"Board certified" or "board-certified" means that a physician has been certified by the appropriate specialty board recognized by the American Board of Medical Specialties. For the purposes of this chapter, references to "board certified" include physicians who are board-qualified.

"Board-qualified" means physicians who have graduated less than five years previously from a residency program accredited for the appropriate specialty by the accreditation council for graduate medical education.

"BP" means blood pressure.

"Certification" means the department recognizes that an individual has met predetermined qualifications, and authorizes the individual to perform certain procedures.

"Consumer" means an individual who is not associated with the EMS/TC system, either for pay or as a volunteer, except for service on the steering committee, licensing and certification committee, or regional or local EMS/TC councils.

"Continuing medical education (CME) method" or "continuing medical education method" or "CME" or "CME method" is the completion of prehospital recertification education requirements after initial prehospital certification to maintain and enhance skill and knowledge. CME requires the successful completion of a written and practical skills examination to recertify.

"CPR" means cardiopulmonary resuscitation.

"Dispatch" means to identify and direct an emergency response unit to an incident location.

"Diversion" for trauma care means the EMS transport of a trauma patient past the usual receiving trauma service to another trauma service due to temporary unavailability of trauma care resources at the usual receiving trauma service.

"E-code" means external cause code, an etiology included in the International Classification of Diseases (ICD).

"ED" means emergency department.

"Emergency medical services and trauma care (EMS/TC) system" means an organized approach to providing personnel, facilities, and equipment for effective and coordinated medical treatment of patients with a medical emergency or injury requiring immediate medical or surgical intervention to prevent death or disability. The emergency medical service and trauma care system includes prevention activities, prehospital care, hospital care, and rehabilitation.

"EMS" means emergency medical services.

"EMS/TC" means emergency medical services and trauma care.

"EMT" means emergency medical technician.

"General surgeon" means a licensed physician who has completed a residency program in surgery and who has surgical privileges delineated by the facility.

"ICD" means the international classification of diseases, a coding system developed by the World Health Organization.

"ILS" means intermediate life support.

"Injury prevention" means any combination of educational, legislative, enforcement, engineering and emergency response initiatives used to reduce the number and severity of injuries.

"Interfacility transport" means medical transport of a patient between recognized medical treatment facilities requested by a licensed health care provider.

"Intermediate life support (ILS) technician" means a person who:

- Has been trained in an approved program to perform specific phases of advanced cardiac and trauma life support as specified in this chapter, under written or oral direction of an MPD or approved physician delegate; and

- Has been examined and certified as an ILS technician by the department or by the University of Washington's school of medicine.

"Intravenous therapy technician" means a person who:

- Has been trained in an approved program to initiate IV access and administer intravenous solutions under written or oral authorization of an MPD or approved physician delegate; and

- Has been examined and certified as an intravenous therapy technician by the department or by the University of Washington's school of medicine.

"IV" means intravenous.

"Licensing and certification committee (L&C committee)" means the emergency medical services licensing and certification advisory committee created by RCW 18.73.040.

"Local council" means a local EMS/TC council authorized by RCW 70.168.120(1).

"Local medical community" means the organized local medical society existing in a county or counties; or in the absence of an organized medical society, majority physician consensus in the county or counties.

"Medical control" means MPD authority to direct the medical care provided by certified EMS personnel in the pre-hospital EMS system.

"Medical control agreement" means a written agreement between two or more MPDs, using similar protocols that are consistent with regional plans, to assure continuity of patient care between counties, and to facilitate assistance.

"MPD" means medical program director.

"Must" means shall.

"Ongoing training and evaluation program" or "ongoing training and evaluation program (OTEP)" or "OTEP" or "OTEP program" or "OTEP method" is a program of education for EMS personnel that is approved by the MPD and the department to meet the education requirements and core topic content for recertification. OTEP includes cognitive, affective and psychomotor evaluations following completion of each topic presentation to determine student competence of topic content.

"PALS" means pediatric advanced life support, a course developed by the American Heart Association.

"Paramedic" means a person who:

- Has been trained in an approved program to perform all phases of prehospital emergency medical care, including advanced life support, under written or oral authorization of an MPD or approved physician delegate; and

- Has been examined and certified as a paramedic by the department or by the University of Washington's school of medicine.

"Pediatric education requirement" or "PER" means the pediatric education and training standards required for certain specialty physicians and nurses who care for pediatric patients in designated trauma services as identified in WAC 246-976-886 and 246-976-887.

"Physician" means an individual licensed under the provisions of chapters 18.71 or 18.57 RCW.

"Physician with specific delineation of surgical privileges" means a physician with surgical privileges delineated for emergency/life-saving surgical intervention and stabilization of a trauma patient prior to transfer to a higher level of care. Surgery privileges are awarded by the facility's credentialing process.

"Postgraduate year" means the classification system for residents who are undergoing postgraduate training. The number indicates the year the resident is in during his/her postmedical school residency program.

"Practical skills examination" means a test conducted in an initial course, or a test or series of evaluations during a recertification period, to determine competence in each of the practical skills specified by the department.

"Prehospital agencies" means providers of prehospital care or interfacility ambulance transport.

"Prehospital index" means a scoring system used to activate a hospital trauma resuscitation team.

"Prehospital patient care protocols" means the written procedures adopted by the MPD under RCW 18.73.030(13) and 70.168.015(26) which direct the out-of-hospital emergency care of the emergency patient which includes the trauma care patient. These protocols are related only to delivery and documentation of direct patient treatment.

"Prehospital trauma care services" means agencies that are verified to provide prehospital trauma care.

"Prehospital trauma triage procedures" means the method used by prehospital providers to evaluate injured

patients and determine whether to activate the trauma system from the field. It is described in WAC 246-976-930(2).

"Public education" means education of the population at large, targeted groups or individuals, in preventive measures and efforts to alter specific injury-related behaviors.

"Quality improvement" or "QI" or "quality assurance" means a process/program to monitor and evaluate care provided in trauma services and EMS/TC systems.

"Regional council" means the regional EMS/TC council established by RCW 70.168.100.

"Regional patient care procedures (RPCP)" means procedures adopted by a regional council under RCW 18.73.030(14) and 70.168.015(23), and approved by the department. Regional patient care procedures do not relate to direct patient care.

"Regional plan" means the plan defined in WAC 246-976-960 (1)(b) that has been approved by the department.

"Registered nurse" means an individual licensed under the provisions of chapter 18.79 RCW.

"Response area" means a service coverage zone identified in an approved regional plan.

"Rural" means unincorporated or incorporated areas with total populations less than ten thousand people, or with a population density of less than one thousand people per square mile.

"SEI" means an individual approved to be responsible for the quality of instruction and the conduct of basic life support training courses.

"Special competence" means that an individual has been deemed competent and committed to a medical specialty area with documented training, board certification and/or experience, which has been reviewed and accepted as evidence of a practitioner's expertise:

- For physicians, by the facility's medical staff;
- For registered nurses, by the facility's department of nursing;
- For physician assistants and advanced registered nurse practitioners, as defined in the facility's bylaws.

"Specialized training" means approved training of certified EMS personnel to use a skill, technique, or equipment that is not included in the standard course curriculum.

"State plan" means the emergency medical services and trauma care system plan described in RCW 70.168.015(7), adopted by the department under RCW 70.168.060(10).

"Steering committee" means the EMS/TC steering committee created by RCW 70.168.020.

"Suburban" means an incorporated or unincorporated area with a population of ten thousand to twenty-nine thousand nine hundred ninety nine or any area with a population density of one thousand to two thousand people per square mile.

"System response time" for trauma means the interval from discovery of an injury until the patient arrives at a designated trauma facility. It includes:

"Discovery time": The interval from injury to discovery of the injury;

"System access time": The interval from discovery to call received;

"911 time": The interval from call received to dispatch notified, including the time it takes the call answerer to:

- Process the call, including citizen interview; and
- Give the information to the dispatcher;

"Dispatch time": The interval from call received by the dispatcher to agency notification;

• "Activation time": The interval from agency notification to start of response;

• "En route time": The interval from the end of activation time to the beginning of on-scene time;

• "Patient access time": The interval from the end of en route time to the beginning of patient care;

• "On scene time": The interval from arrival at the scene to departure from the scene. This includes extrication, resuscitation, treatment, and loading;

• "Transport time": The interval from leaving the scene to arrival at a health care facility;

"Training agency" means an organization or individual that is approved to be responsible for specified aspects of training of EMS personnel.

"Training physician" means a physician delegated by the MPD and approved by the department to be responsible for specified aspects of training of EMS personnel.

"Trauma rehabilitation coordinator" means a person designated to facilitate early rehabilitation interventions and the trauma patient's access to a designated rehabilitation center.

"Trauma service" means the clinical service within a hospital or clinic that is designated by the department to provide care to trauma patients.

"Urban" means:

- An incorporated area over thirty thousand; or
- An incorporated or unincorporated area of at least ten thousand people and a population density over two thousand people per square mile.

"Wilderness" means any rural area not readily accessible by public or private maintained road.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 05-01-221, § 246-976-010, filed 12/22/04, effective 1/22/05; 00-08-102, § 246-976-010, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapter 18.71 RCW. 96-03-052, § 246-976-010, filed 1/12/96, effective 2/12/96. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-010, filed 12/23/92, effective 1/23/93.]

## TRAINING

### WAC 246-976-021 Training course requirements. (1)

**Department responsibilities:** The department will publish procedures for agencies to conduct EMS training courses, including:

- (a) The registration process;
- (b) Requirements, functions, and responsibilities of course instructional and administrative personnel;
- (c) Necessary information and administrative forms to conduct the course;

#### (2) Training agency responsibilities:

(a) **General.** Agencies providing initial training of certified EMS personnel at all levels (except advanced first aid) must:

- (i) Have MPD approval for the course content;
- (ii) Have MPD approval for all instructional personnel, who must be experienced and qualified in the area of training;

(iii) Have local EMS/TC council recommendation for each course;

(iv) Have written approval from the department to conduct each course;

(v) Approve or deny applicants for training consistent with the prerequisites for applicants in WAC 246-976-041 and 246-976-141.

(b) **Basic life support** (first responder, EMT). Agencies providing initial training of basic life support personnel must identify a senior EMS instructor to be responsible for the quality of instruction and the conduct of the course.

(c) **Intermediate life support** (IV, airway and ILS technicians). Agencies providing initial training of intermediate life support personnel must:

(i) Have a written agreement with the clinical facility, if it is separate from the academic facility;

(ii) Ensure that clinical facilities provide departments or sections, personnel, and policies, including:

(A) Written program approval from the administrator and chief of staff;

(B) A written agreement to participate in continuing education;

(C) Supervised clinical experience for students during the clinical portion of the program;

(D) An orientation program.

(d) **Paramedics.** Agencies training paramedics must be accredited by a national accrediting organization approved by the department.

(3) **Course curriculum.** The department recognizes the following National Standard EMS training courses published by the United States Department of Transportation as amended by the department:

(a) First responder: The first responder training course published 1996, amended by the department March 1998;

(b) EMT: The emergency medical technician—Basic training course published 1994, amended by the department September 1996;

(c) IV technician: Those sections and lessons identified in the emergency medical technician—Intermediate course published 1999, amended by the department April 2000;

(d) Airway technician: Those sections and lessons identified in the emergency medical technician—Intermediate course published 1999, amended by the department April 2000;

(e) ILS technician: Those sections and lessons identified in the emergency medical technician—Intermediate course published 1999, amended by the department April 2000 which includes the following medications:

(i) Epinephrine for anaphylaxis administered by a commercially preloaded measured-dose device;

(ii) Albuterol administered by inhalation;

(iii) Dextrose 50% and 25%;

(iv) Nitroglycerine, sublingual and/or spray;

(v) Naloxone;

(vi) Aspirin PO (oral), for suspected myocardial infarction;

(f) Paramedic: The emergency medical technician—Paramedic training course published 1999, as amended by the department January 2000.

(4) Initial training for first responders and EMTs must also include approved infectious disease training that meets the requirements of chapter 70.24 RCW.

(5) Specialized training. The department, in conjunction with the advice and assistance of the L&C committee, may approve specialized training for certified EMS personnel to use skills, techniques, or equipment that is not included in standard course curricula. Agencies providing specialized training must have MPD and department approval of:

- (a) Course curriculum;
- (b) Lesson plans;
- (c) Course instructional personnel, who must be experienced and qualified in the area of training;
- (d) Student selection criteria;
- (e) Criteria for satisfactory completion of the course, including student evaluations and/or examinations;
- (f) Prehospital patient care protocols that address the specialized skills.

(6) Local government agencies: The department recognizes county agencies established by ordinance and approved by the MPD to coordinate EMS training. These agencies must comply with the requirements of this section.

[Statutory Authority: RCW 18.71.205, 18.73.081, and 70.168.060. 03-20-107, § 246-976-021, filed 10/1/03, effective 11/1/03. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-021, filed 4/5/00, effective 5/6/00.]

**WAC 246-976-031 Senior EMS instructor (SEI). (1) Responsibilities.** The SEI is responsible for the overall instructional quality of initial first responder or EMT-basic courses, under the general supervision of the medical program director (MPD). The SEI must conduct courses following department-approved curricula identified in WAC 246-976-021. The SEI candidate shall document the completion of requirements for initial and renewal recognition on forms provided by the department.

(2) **Initial recognition.** The department will publish *Initial Recognition Application Procedures for Senior EMS Instructors (IRAP)*, which include the *Initial Senior EMS Instructor Application and Agreement*, instructor objectives, instructions and forms necessary for initial recognition.

(a) **Prerequisites.** Candidates for initial recognition must document proof of the following:

- (i) Current Washington state certification as an EMT or higher EMS certification;
- (ii) At least three years prehospital EMS experience as an EMT or higher EMS certification level, with at least one recertification;
- (iii) Successful completion of an approved ongoing training and evaluation program (OTEP)/basic life support (BLS) evaluator workshop;
- (iv) Current recognition as a CPR instructor for health care providers by the American Heart Association, the American Red Cross, the National Safety Council, or other nationally recognized organization with substantially equivalent standards approved by the department;
- (v) Successful completion of an instructor training course by the U.S. Department of Transportation, National Highway Traffic Safety Administration, or an instructor training course from an accredited institution of higher education;

(vi) Successful completion of an examination developed and administered by the department on current EMS training and certification statutes, Washington Administrative Code (WAC) and the Uniform Disciplinary Act (UDA).

(b) **Submission of prerequisites.** Candidates must submit proof of successful completion of the prerequisites to the department.

(i) Candidates meeting the prerequisites will be issued the IRAP by the department.

(ii) The department will provide instruction to each candidate prior to beginning the initial recognition process.

(c) **Candidate objectives.** Candidates who have been issued the IRAP and received instructions on the recognition process must successfully complete the IRAP, under the supervision of a currently recognized, EMT-basic course lead SEI:

As part of an initial EMT-basic course, the candidate must demonstrate to the course lead SEI, the knowledge and skills necessary to complete the following instructor objectives;

(i) Accurately complete the course application process and meet application timelines;

(ii) Notify EMT-basic course students of course entry prerequisites;

(iii) Assure students selected for admittance to the course meet DOH training and certification prerequisites and notify training agency selection board of discrepancies;

(iv) Maintain course records adequately;

(v) Track student attendance, scores, quizzes, and performance, and counsel/remediate students as necessary;

(vi) Assist in the coordination and instruction of one entire EMT-basic course under the supervision of the course lead SEI; utilizing the EMT-basic training course curriculum identified in WAC 246-976-021, and be evaluated on the instruction of each of the following lessons:

(A) Lesson 1-2—Well Being of the EMT-Basic, including Infectious Disease Prevention for EMS Providers, Revised 10/1997 (available from the department of health, office of emergency medical and trauma prevention);

(B) Lesson 2-1—Airway;

(C) Lesson 3-2—Initial Assessment;

(D) Lesson 3-3—Focused History and Physical Exam: Trauma;

(E) Lesson 3-4—Focused History and Physical Exam: Medical;

(F) Lesson 3-5—Detailed Physical Exam;

(G) Lesson 3-6—Ongoing Assessment;

(H) Lesson 3-9—Practical Lab: Patient Assessment;

(I) Lesson 4-1—General Pharmacology;

(J) Lesson 4-2—Respiratory Emergencies;

(K) Lesson 4-3—Cardiovascular Emergencies;

(L) Lesson 4-9—Obstetrics/Gynecology;

(M) Lesson 5-4—Injuries to the Head and Spine, Chest and Abdomen;

(N) Lesson 5-5—Practical Lab: Trauma;

(O) Lesson 6-1—Infants and Children;

(P) Lesson 7-2—Gaining Access (including patient removal, treatment and transport).

(vii) Coordinate and conduct an EMT-basic final end of course comprehensive practical skills evaluation.

(d) **Candidate evaluation.** Performance evaluations will be conducted by an SEI for each instructor objective performed by the candidate on documents identified in the IRAP. These documents consist of:

- (i) An evaluation form, to evaluate lesson instruction objectives performed by the candidate;
- (ii) A quality improvement record, to document improvement necessary to successfully complete an instructor objective performed by the candidate;
- (iii) An objective completion record, to document successful completion of each instructor objective performed by the candidate.

(e) **Application and approval.**

(i) Candidates must submit the completed IRAP, including the application/agreement and all documents completed during the initial recognition process, to the county MPD to obtain a recommendation of approval to the department.

(ii) Upon recommendation of approval by the county MPD, the SEI candidate will submit the following documents to the department:

- (A) Current proof of completion of prerequisites listed in subsection (2)(a)(i), (iv) and (vi) of this section;
- (B) The original initial SEI application/agreement, signed by the candidate and the MPD; and
- (C) The original completed IRAP document and all forms used for evaluation, quality improvement purposes, and verification of successful completion as identified in the IRAP.

(3) **Renewal of recognition.** The department will publish *Renewal Application Procedures for Senior EMS Instructors* (RAP), which include the *Senior EMS Instructor Renewal Application and Agreement*, instructor objectives, instructions and forms necessary for renewal.

(a) The RAP will be provided by the department to individuals upon recognition as a SEI, to be completed during the recognition period.

(b) **Candidate objectives.** Candidates who have been issued the RAP must successfully complete the RAP during each approval period, which includes the following instructor objectives:

- (i) Coordinate and perform as the lead SEI for one initial first responder or EMT-basic course including the supervision of all practical skills evaluations;
- (ii) Receive performance evaluations from a currently recognized SEI, on two candidate instructed first responder or EMT-basic course lessons;
- (iii) Perform two performance evaluations on the instruction of first responder or EMT-basic course lessons for SEI initial or renewal recognition candidates; and
- (iv) Attend one DOH approved SEI workshop.

(c) **Candidate evaluation.** Evaluations of the performance of instructor objectives will be conducted by an SEI and completed on documents identified in the RAP. These documents consist of:

- (i) An evaluation form, to evaluate lesson instruction objectives performed by the candidate.
- (ii) A quality improvement record, to document improvement necessary to successfully complete an instructor objective performed by the candidate.

(ii) An objective completion record, to document successful completion of each instructor objective performed by the candidate.

(d) **Prerequisites.** Candidates for renewal of recognition must document proof of the following:

- (i) Current or previous recognition as a Washington state SEI;
- (ii) Current Washington state certification as an EMT or higher EMS certification;
- (iii) Current recognition as a CPR instructor for health care providers by the American Heart Association, the American Red Cross, the National Safety Council, or other nationally recognized organization with substantially equivalent standards.

(iv) Successful completion of an examination developed and administered by the department on current EMS training and certification statutes, WAC and the UDA.

(e) **Application and approval.**

(i) Candidates must submit the completed RAP, including the application/agreement and all documents completed during the renewal of recognition process, to the county MPD to obtain a recommendation of approval to the department.

(ii) Upon recommendation of approval by the county MPD, the renewal candidate must submit the following documents to the department:

- (A) Current proof of successful completion of the prerequisites listed in subsection (3)(d)(ii), (iii), and (iv) of this section;
- (B) The original SEI renewal application/agreement that has been signed by the candidate and the MPD; and
- (C) The original completed RAP document and all forms used for evaluation, quality improvement purposes and verification of successful completion as identified in the RAP.

(4) **Length of recognition.** Recognition as a SEI is for three years.

(5) **Denial, suspension, modification or revocation of SEI recognition.**

(a) The department may deny, suspend, modify or revoke an SEI's recognition when it finds:

- (i) Violations of chapter 18.130 RCW, the Uniform Disciplinary Act;
- (ii) A failure to:
  - (A) Maintain EMS certification;
  - (B) Update the following personal information with DOH as changes occur:
    - (I) Name;
    - (II) Address;
    - (III) Home and work phone numbers;
  - (C) Maintain knowledge of current EMS training and certification statutes, WAC and the UDA;
  - (D) Comply with requirements in WAC 246-976-031(1);
  - (E) Participate in the instructor candidate evaluation process in an objective and professional manner without cost to the individual being reviewed or evaluated;
  - (F) Adequately complete all forms and adequately maintain records in accordance with this chapter;
  - (G) Demonstrate all skills and procedures based on current standards;
  - (H) Follow the requirements of the Americans with Disabilities Act;

(I) Maintain security on all department examination materials.

(b) The candidate or SEI may request a hearing to contest department decisions in regard to denial, suspension, modification or revocation of SEI recognition in accordance with the Administrative Procedure Act (APA) (chapter 34.05 RCW) and associated administrative codes.

[Statutory Authority: RCW 18.73.081 and 70.168.120. 02-14-053, § 246-976-031, filed 6/27/02, effective 7/28/02. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-031, filed 4/5/00, effective 5/6/00.]

**WAC 246-976-041 To apply for training.** (1) You must be at least eighteen years old at the beginning of the course.

(2) For training at the intermediate (IV, airway and ILS technicians) and advanced life support (paramedic) levels, you must have completed at least one year as a certified EMT or above.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-041, filed 4/5/00, effective 5/6/00.]

## CERTIFICATION

**WAC 246-976-141 To apply for certification.** (1) Department responsibilities. The department will publish procedures for initial certification which include:

(a) Examinations. An applicant may have up to three attempts within six months after course completion to successfully complete the examinations;

(b) The process for administration of examinations; and

(c) Administrative requirements and the necessary forms.

(2) Applicant responsibilities. To apply for initial certification, submit to the department:

(a) An application for certification on forms provided by the department;

(b) Proof of identity: An official photo identification (which may be state, federal or military identification, drivers' license, or passport);

(c) Proof of age;

(d) Proof of completion of an approved course or courses for the level of certification sought;

(e) Proof of completion of approved infectious disease training to meet the requirements of chapter 70.24 RCW;

(f) Proof of successful completion of an approved examination within eighteen months prior to application;

(g) Proof of active membership, paid or volunteer, in one of the following EMS/TC organizations:

(i) Licensed provider of aid or ambulance services;

(ii) Law enforcement agency; or

(iii) Other affiliated EMS/TC service;

(h) The MPD's recommendation for certification;

(i) For EMTs, proof of high school graduation, GED, or equivalent;

(j) Other information required by this chapter.

(3) Certification is effective on the date the department issues the certificate, and will be valid for three years except as extended by the department for the efficient processing of license renewals. The expiration date will be indicated on the certification card.

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(4) Certification of intermediate level technicians and paramedics is valid only:

(a) In the county or counties where recommended by the MPD and approved by the department;

(b) In other counties where formal EMS/TC medical control agreements are in place; or

(c) In other counties when accompanying a patient in transit from a county meeting the criteria in (a) or (b) of this subsection.

With approval of the MPD, a certified intermediate level technician or paramedic may function as an EMT in counties other than those described in (a) through (c) of this subsection.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-141, filed 4/5/00, effective 5/6/00.]

**WAC 246-976-151 Reciprocity, challenges, reinstatement and other actions.** (1) The department will publish procedures for:

(a) Reciprocal certification of individuals with current EMS certification in another state, or who are currently recognized by a national accrediting agency approved by the department.

(i) All applicants must pass an approved examination;

(ii) Paramedics whose training started after June 30, 1996, must have successfully completed a course accredited by a national accrediting organization approved by the department, and be currently recognized by a national accrediting agency approved by the department;

(b) Reinstatement of individuals whose Washington state EMS/TC certification has lapsed, or been suspended or revoked;

(c) Challenge of prerequisites for certification examinations by individuals who have not completed the course work and practical training required by this chapter, but who document equivalent EMS training and/or experience;

(d) Voluntary reversion from a level of certification to a lower level of certification.

(2) Before granting reciprocity, reinstatement, or challenge, the department will verify that infectious disease training required for EMS/TC personnel by chapter 70.24 RCW has been accomplished.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-151, filed 4/5/00, effective 5/6/00.]

**WAC 246-976-161 Education requirements for certification.** (1) Education is required for the recertification of all certified EMS personnel. This education may be obtained by completing the continuing medical education (CME) method, **or** through the ongoing training and evaluation program (OTEP) method, identified below.

(a) **CME topic content:**

(i) Must meet annual and certification period educational requirements identified in Table A of this section, utilizing:

(A) Cognitive, affective and psychomotor objectives found in curricula identified in WAC 246-976-021, for the level of certification being taught.

(B) Current national standards published for CPR, foreign body airway obstruction (FBAO), and automatic defibrillation.

(C) County medical program director (MPD) protocols, regional patient care procedures, and county operating procedures.

(D) Training updates in standards as identified by the department.

(ii) Must be approved by the MPD.

(iii) May incorporate nationally recognized training programs as part of CME for content identified in (a)(i)(A) of this subsection.

**(b) To complete the CME method you must:**

(i) Complete and document the educational requirements, indicated in Table A of this section, appropriate to your level of certification.

(ii) Complete and document the skills maintenance requirements, indicated in Table B of this section, appropriate to your level of certification.

(A) IV starts for IV technicians, combined IV/airway technicians, ILS technicians, combined ILS/airway technicians, or paramedics:

(I) During your first certification period, you must perform a minimum of one hundred eight successful IV starts.

- During the first year, you must perform a minimum of thirty-six successful IV starts.

- During the second and third year, you must perform a minimum of thirty-six successful IV starts per year, which may be averaged over the second and third years of the certification period.

(II) If you have completed a certification period, you must demonstrate proficiency in starting IVs to the satisfaction of the MPD (see later certification periods in Table B of this section).

(B) Endotracheal intubations for airway technicians, combined IV/airway technicians, combined ILS/airway technicians or paramedics:

(I) During your first certification period, you must perform a minimum of thirty-six successful endotracheal intubations.

- During the first year, you must perform a minimum of twelve successful endotracheal intubations of which four of the endotracheal intubations must be performed on humans.

- During the second and third year, you must perform a minimum of twelve endotracheal intubations per year, which may be averaged over the second and third years of the certification period. Four of these endotracheal intubations per year must be performed on humans.

(II) If you have completed a certification period, you must perform a minimum of four successful human endotracheal intubations per year, which may be averaged over the three-year certification period (see later certification periods in Table B of this section).

(III) Upon approval of the MPD, individuals unable to complete the required endotracheal intubations during the certification period, may meet the endotracheal intubation requirements by completing a MPD and department-approved intensive airway management training program, utilizing cognitive, affective and psychomotor objectives covering all aspects of emergency airway management.

(iii) Successfully complete the Washington state written examination and practical skills examination as identified in WAC 246-976-171.

(c) Any applicant changing from the CME method to the OTEP method must meet all requirements of the OTEP method.

**(d) Ongoing training and evaluation programs:**

(i) Must meet annual and certification period educational requirements identified in Table A, utilizing:

(A) Cognitive, affective and psychomotor objectives found in curricula identified in WAC 246-976-021, for the level of certification being taught, in the following core content areas:

(I) Airway/ventilation (including intensive airway management training for personnel with advanced airway qualifications to determine competency).

(II) Cardiovascular.

(III) Medical emergencies/behavioral.

(IV) Trauma (including intensive IV therapy training for personnel with qualifications to determine competency).

(V) Obstetrics and pediatrics.

(VI) Operations.

(B) The current national standards published for CPR, foreign body airway obstruction (FBAO), and defibrillation and patient care appropriate to the level of certification.

(C) County medical program director (MPD) protocols, regional patient care procedures, and county operating procedures.

(D) Training updates in standards as identified by the department.

(ii) Must provide cognitive, affective and psychomotor evaluations following completion of each topic presentation to determine student competence of topic content.

Psychomotor skill evaluations must be recorded on skill evaluation forms from nationally recognized training programs, or on forms provided in approved curricula identified in WAC 246-976-021, for the level of certification being taught. If an evaluation form is not provided, a skill evaluation form must be developed and approved by the MPD to evaluate the skill.

(iii) Must be approved by the MPD; any additions or major changes to an approved OTEP require documented approval from the county MPD and the department.

(iv) Must be presented and evaluated by course personnel meeting the following qualifications:

(A) Evaluators must:

(I) Be a currently certified BLS or ALS provider who has completed at least one certification cycle. Certification must be at or above the level of certification being evaluated.

(II) Complete an MPD approved evaluator's workshop, specific to the level of certification being evaluated, and teach proficiency in utilizing skill evaluation forms identified in (d) (ii) of this subsection;

(III) Complete the evaluator application, DOH Form 530-012;

(IV) Be approved by the county MPD and the department.

(B) Instructors must:

(I) Be a currently certified BLS or ALS provider who has completed at least one certification cycle at or above the level of certification being taught.

(II) Be a currently approved evaluator at the level of certification being taught.

(III) Be approved by the county MPD to instruct and evaluate EMS topics.

(C) Guest lecturers, when utilized, must have specific knowledge and experience in the skills of the prehospital emergency care field for the topic being presented and be approved by the county MPD to instruct EMS topics.

(v) May incorporate nationally recognized training programs within an OTEP for the core content areas identified in (d)(i)(A) of this subsection.

**(e) To complete the OTEP method you must:**

(i) Complete a department- and MPD-approved OTEP that includes requirements indicated in Table A of this section, appropriate to your level of certification.

(ii) Complete and document the skills maintenance requirements, indicated in Table B of this section, appropriate to your level of certification.

(A) IV starts for IV technicians, combined IV/airway technicians, ILS technicians, combined ILS/airway technicians, or paramedics:

(I) During your first certification period, you must perform a minimum of thirty-six successful IV starts.

- During the first year, you must perform a minimum of twelve successful IV starts.

- During the second and third year, you must perform a minimum of twelve successful IV starts per year, which may be averaged over the second and third years of the certification period.

(II) If you have completed a certification period, you must demonstrate proficiency in starting IVs to the satisfac-

tion of the MPD (see later certification periods in Table B of this section).

(B) Endotracheal intubations for airway technicians, combined IV/airway technicians, combined ILS/airway technicians or paramedics:

(I) During your first certification period, you must perform a minimum of twelve successful endotracheal intubations.

- During the first year, you must perform a minimum of four successful human endotracheal intubations.

- During the second and third year, you must perform a minimum of four human endotracheal intubations per year, which may be averaged over the second and third years of the certification period.

(II) If you have completed a certification period, you must perform a minimum of two successful human endotracheal intubations per year, which may be averaged over the three-year certification period (see later certification periods in Table B of this section).

(C) Skills maintenance requirements may be obtained as part of the OTEP.

(D) Individuals participating in an OTEP meet skill maintenance requirements by demonstrating proficiency in the application of those skills to the county MPD during the OTEP.

(f) Any applicant changing from the OTEP method to the CME method must meet all requirements of the CME method.

(g) Education requirements for recertification - Table A:

TABLE A: EDUCATION REQUIREMENTS FOR RECERTIFICATION	Basic Life Support		Intermediate Life Support (EMT-Intermediate Levels)					Paramedic (ALS)
	FR	EMT	IV	Air	IV/Air	ILS	ILS/Air	Paramedic
<b>Annual Requirements</b>								
CPR & Airway	X	X	X	X	X	X	X	
Spinal Immobilization	X	X	X	X	X	X	X	
Patient Assessment	X	X	X	X	X	X	X	
<b>Certification Period Requirements</b>								
Infectious Disease	X	X	X	X	X	X	X	X
Trauma		X	X	X	X	X	X	X
Pharmacology		X	X	X	X	X	X	
Other Pediatric Topics	X	X	X	X	X	X	X	X
*Additional education course hours totaling:	15 hrs	30 hrs	45 hrs	45 hrs	60 hrs	60 hrs	75 hrs	150 hrs

"X" indicates an individual must demonstrate knowledge and competency in the topic or skill.

\*Individuals obtaining education through the CME method must complete the total number of educational course hours indicated above. However, due to the competency-based nature of OTEP, fewer class hours may be needed to complete these requirements than the total course hours indicated above.

(h) Skill maintenance requirements - Table B:

TABLE B: SKILLS MAINTENANCE REQUIREMENTS	Intermediate Life Support (EMT-Intermediate Levels)					Paramedic (ALS)
	IV	Air	IV/Air	ILS	ILS/Air	Paramedic
<b>First Certification Period</b>						
• First Year of Certification						
IV Starts						
Continuing Education Method may not be averaged	36		36	36	36	36
OTEP Method	12		12	12	12	12

TABLE B: SKILLS MAINTENANCE REQUIREMENTS	Intermediate Life Support (EMT-Intermediate Levels)					Paramedic (ALS)
Endotracheal intubations (4 must be performed on humans for each method)						
<b>Continuing Education Method</b> may not be averaged		12	12		12	12
<b>OTEP Method</b>		4	4		4	4
Intraosseous infusion placement	X		X	X	X	X
<b>• Second and Third Years of Certification</b>						
<b>• Annual Requirements</b>						
IV Starts*						
<b>Continuing Education Method</b>	36		36	36	36	36
<b>OTEP Method</b>	12		12	12	12	12
Endotracheal intubations* (4 per year must be performed on humans for each method)						
<b>Continuing Education Method</b>		12	12		12	12
<b>OTEP Method</b>		4	4		4	4
Intraosseous infusion placement	X		X	X	X	X
<b>• During the Certification Period</b>						
Pediatric airway management		X	X		X	X
Multi-lumen airway placement				X	X	
Defibrillation				X	X	
<b>Later Certification Periods</b>						
<b>• Annual Requirements</b>						
IV Starts	X		X	X	X	X
Endotracheal intubations (2 per year must be performed on humans for each method)						
<b>Continuing Education Method</b>		4	4		4	4
<b>OTEP Method</b>		2	2		2	2
Intraosseous infusion placement	X		X	X	X	X
<b>• During the Certification Period</b>						
Pediatric airway management		X	X		X	X
Multi-lumen airway placement				X	X	
Defibrillation				X	X	

"X" indicates an individual must demonstrate proficiency of the skill to the satisfaction of the MPD.

\*The second and third year requirements may be averaged over the two years.

(i) Skill maintenance requirements for individuals requesting reciprocal certification:

(i) Reciprocity candidates credentialed less than three years must meet Washington state's skill maintenance requirements for the initial certification period identified above.

(ii) Reciprocity candidates credentialed three years or more must meet Washington state's skill maintenance requirements for second and subsequent certification periods.

(iii) The county MPD may evaluate an individual's skills to determine if the individual is proficient in the application of those skills prior to recommending certification. The MPD may recommend an individual obtain specific training to become proficient in any skills deemed insufficient by the MPD or delegate.

(j) Description of selected terms used in Tables A and B:

(i) Class hours: Actual hours spent to become knowledgeable in a topic(s) or proficient in a skill(s).

(ii) Course hours: The predetermined time scheduled to conduct a course or topic.

(iii) CPR and airway management includes foreign body obstruction (FBAO) and the use of airway adjuncts appropriate to the level of certification, for adults, children and infants following national standards, assuring the following pediatric objectives are covered.

Pediatric objectives - The EMS provider must be able to:

(A) Identify and demonstrate airway management techniques for infants and children.

(B) Demonstrate infant and child CPR.

(C) Demonstrate FBAO technique for infants and children.

(iv) Endotracheal intubation: Proficiency includes the verification of proper tube placement and continued placement of the endotracheal tube in the trachea through procedures identified in county MPD protocols.

(v) Infectious disease: Infectious disease training must meet the requirements of chapter 70.24 RCW.

(vi) Intraosseous infusion: Proficiency in intraosseous line placement in pediatric patients.

(vii) IV starts: Proficiency in intravenous catheterization performed on sick, injured, or preoperative adult and pediatric patients. With written authorization of the MPD, IV starts may be performed on artificial training aids.

(viii) Multi-lumen airway placement: Proficiency includes the verification of tube placement and continued placement of the multi-lumen airway through procedures identified in county MPD protocols.

(ix) Other pediatric topics: This includes anatomy and physiology and medical problems including special needs patients appropriate to the level of certification, assuring the following pediatric objectives are covered.

(A) Anatomy and physiology - The EMS provider must be able to:

(I) Identify the anatomy and physiology and define the differences in children of all ages.

(II) Identify developmental differences between infants, toddlers, preschool, school age and adolescents, including special needs children.

(B) Medical problems including special needs patients - The EMS provider must be able to:

(I) Identify the differentiation between respiratory distress and respiratory failure.

(II) Identify the importance of early recognition and treatment of shock in the infant and child patient.

(III) Identify causes and treatments for seizures.

(IV) Identify life-threatening complications of meningitis and sepsis.

(V) Identify signs and symptoms of dehydration.

(VI) Identify signs and symptoms of hypoglycemia.

(VII) Identify how hypoglycemia may mimic hypoxemia.

(VIII) Identify special needs pediatric patients that are technologically dependant (tracheotomy tube, central line, GI or feeding tubes, ventilators, community specific needs).

(IX) Identify the signs and symptoms of suspected child abuse.

(X) Identify the signs and symptoms of anaphylaxis and treatment priorities.

(XI) Identify the importance of rapid transport of the sick infant and child patient.

(x) Patient assessment: This includes adult, pediatric and geriatric patients appropriate to the level of certification, assuring the following pediatric objectives are covered.

Pediatric objectives - The EMS provider must be able to:

(A) Identify and demonstrate basic assessment skills according to the child's age and development.

(B) Demonstrate the initial assessment skills needed to rapidly differentiate between the critically ill or injured and the stable infant and child patient.

(C) Identify and demonstrate the correct sequence of priorities to be used in managing the infant and child patient with life threatening injury or illness.

(D) Identify that the priorities for a severely injured and critically ill infant and child are:

- Airway management,
- Oxygenation,
- Early recognition and treatment of shock,
- Spinal immobilization,
- Psychological support.

(E) Demonstrate a complete focused assessment of an infant and a child.

(F) Demonstrate ongoing assessment of an infant and a child.

(G) Identify the differences between the injury patterns of an infant and a child compared to that of an adult.

(H) Identify the psychological dynamics between an infant and a child, parent or caregiver and EMS provider.

(xi) Pharmacology: Pharmacology specific to the medications approved by the MPD (not required for first responders).

(xii) Proficiency: Ability to demonstrate and perform all aspects of a skill properly to the satisfaction of the MPD or delegate.

(xiii) Spinal immobilization and packaging: This includes adult, pediatric and geriatric patients appropriate to the level of certification, assuring the following pediatric objectives are covered.

Pediatric objectives - The EMS provider must be able to:

(A) Demonstrate the correct techniques for immobilizing the infant and child patient.

(B) Identify the importance of using the correct size of equipment for the infant and child patient.

(C) Demonstrate techniques for adapting adult equipment to effectively immobilize the infant and child patient.

(xiv) Trauma: For adult, pediatric and geriatric patients appropriate to the level of certification, assuring the following pediatric objectives are covered.

Pediatric objectives - The EMS provider must be able to:

(A) Identify the importance of early recognition and treatment of shock in the infant and child patient.

(B) Identify the importance of early recognition and treatment of the multiple trauma infant and child patient.

(C) Identify the importance of rapid transport of the injured infant and child patient.

[Statutory Authority: Chapters 18.71 and 18.73 RCW. 04-08-103, § 246-976-161, filed 4/6/04, effective 5/7/04. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-161, filed 4/5/00, effective 5/6/00.]

**WAC 246-976-171 To apply for recertification/renewal.** (1) To apply for recertification, the applicant must provide information that meets the requirements identified in WAC 246-976-141(2); EXCEPT current Washington state certification is considered proof of course completion, age, and initial infectious disease training.

(2) Proof of successful completion of education and skills maintenance, required for the level of certification, as defined in this chapter and identified in Tables A and B of WAC 246-976-161.

(3) Demonstrate knowledge and practical skills competency:

(a) For individuals participating in the OTEP method of education at the level of certification, successful completion of the OTEP fulfills the requirement of the DOH written and practical skills examinations.

(b) Individuals completing the CME method of education must provide proof of successful completion of the DOH written examination and practical skills examination for the level of certification.

(i) Basic life support (BLS) and intermediate life support (ILS) personnel must successfully complete the DOH approved practical skills examination for the level of certification.

(ii) Paramedics must successfully complete practical skills evaluations required by the MPD to determine ongoing competence.

[Statutory Authority: Chapters 18.71 and 18.73 RCW. 04-08-103, § 246-976-171, filed 4/6/04, effective 5/7/04. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-171, filed 4/5/00, effective 5/6/00.]

**WAC 246-976-182 Authorized care.** (1) Certified EMS/TC personnel are only authorized to provide patient care that is:

(a) Included in the approved curriculum for the individual's level of certification;

(b) Included in approved specialized training; and

(c) That is included in approved MPD protocols.

(2) When a patient is identified as needing care which is not authorized for the providers, the certified person in charge of that patient must consult with medical control as soon as possible, if protocols and regional patient care procedures do not provide adequate off-line direction for the situation.

(3) For trauma patients, all prehospital providers must follow the approved trauma triage procedures, regional patient care procedures and MPD patient care protocols.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-182, filed 4/5/00, effective 5/6/00.]

**WAC 246-976-191 Disciplinary actions.** (1) The department will publish procedures for modification, suspension, revocation, or denial of certification. The procedures will be consistent with the requirements of the Administrative Procedure Act (chapter 34.05 RCW), the Uniform Disciplinary Act (chapter 18.130 RCW), and practice and procedure (chapter 246-10 WAC).

(2) The department will publish procedures:

(a) To investigate complaints and allegations against certified personnel;

(b) For MPDs to recommend corrective action regarding certified individuals.

(3) Before recommending revocation, suspension, modification, or denial of a certificate, the MPD must initiate corrective action with the certified individual, consistent with department procedures.

(4) The MPD may request the department to summarily suspend certification of an individual if the MPD believes that continued certification will be detrimental to patient care.

(5) In cases where the MPD recommends denial of recertification, the department will investigate the individual, and may revoke his or her certification.

(6) If an employing or sponsoring agency disciplines a certified individual for conduct or circumstances as described in RCW 18.130.070, the Uniform Disciplinary Act, the agency must report the cause and the action taken to the department.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-191, filed 4/5/00, effective 5/6/00.]

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## LICENSURE AND VERIFICATION

**WAC 246-976-260 Licenses required.** (1) The department will publish procedures to license ambulance and aid services and vehicles, to provide service that is consistent with the state plan and approved regional plans.

(2) To become licensed as an ambulance or aid service, an applicant must submit application forms to the department, including:

(a) A declaration that the service is able to comply with standards, rules, and regulations of this chapter;

(b) A declaration that staffing will meet the personnel requirements of RCW 18.73.150 and 18.73.170;

(c) A declaration that operation will be consistent with the statewide and regional EMS/TC plans and approved patient care procedures;

(d) Evidence of liability insurance coverage;

(e) A description of the general area to be served and the number of vehicles to be used. The description includes:

(i) The services to be offered (e.g., emergency response and/or interfacility transports);

(ii) The dispatch process, including a backup plan if the primary unit is unavailable;

(iii) A plan for tiered response that is consistent with approved regional patient care procedures;

(iv) A plan for rendezvous with other services that is consistent with approved regional patient care procedures;

(v) A map of the proposed response area;

(vi) The level of service to be provided: BLS, ILS, or paramedic; and the scheduled hours of operation; and

(vii) For licensed ambulance services, a written plan to continue patient transport if a vehicle becomes disabled, consistent with regional patient care procedures.

(3) To renew a license, submit application forms to the department at least thirty days before the expiration of the current license.

(4) Licensed ambulance and aid services must comply with the approved prehospital trauma triage procedures defined in WAC 246-976-010.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-260, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-260, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-270 Denial, suspension, revocation of license.** (1) The department may suspend, modify, or revoke any ambulance or aid service license issued under this chapter, or deny licensure to an applicant when it finds:

(a) Failure to comply with the requirements of chapters 18.71, 18.73, 18.130, or 70.168 RCW, or other applicable laws or rules, or with this chapter;

(b) Failure to comply or ensure compliance with prehospital patient care protocols or regional patient care procedures;

(c) Failure to cooperate with the department in inspections or investigations;

(d) Failure to supply data as required in chapter 70.168 RCW and this chapter.

(2) Under the provisions of the Administrative Procedure Act, chapter 34.05 RCW, and the Uniform Disciplinary Act, chapter 18.130 RCW, the department may impose sanc-

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tions against a licensed service as provided in chapter 18.130 RCW. The department will not take action against a licensed, nonverified service under this section for providing emergency trauma care consistent with regional patient care procedures when the wait for the arrival of a verified service would place the life of the patient in jeopardy or seriously compromise patient outcome.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-270, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-270, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-290 Ground ambulance vehicle standards.** (1) Essential equipment for patient and provider safety and comfort must be in good working order.

(2) All ambulance vehicles must be clearly identified by appropriate emblems and markings on the front, side, and rear of the vehicle.

(3) Tires must be in good condition with not less than two-thirty-seconds inch useable tread, appropriately sized to support the weight of the vehicle when loaded.

(4) The electrical system must meet the following requirements:

(a) Interior lighting in the driver compartment must be designed and located so that no glare is reflected from surrounding areas to the driver's eyes or line of vision from the instrument panel, switch panel, or other areas which may require illumination while the vehicle is in motion;

(b) Interior lighting in the patient compartment must be adequate throughout the compartment, and provide an intensity of twenty foot-candles at the level of the patient;

(c) Exterior lights must comply with the appropriate sections of Federal Motor Vehicle Safety Standards, and include body-mounted flood lights over the rear door which provide adequate loading visibility;

(d) Emergency warning lights must be provided in accordance with RCW 46.37.380, as administered by the state commission on equipment.

(5) Windshield wipers and washers must be dual, electric, multispeed, and maintained in good condition.

(6) Battery and generator system:

(a) Battery with a minimum seventy ampere hour rating. It must be located in a ventilated area sealed off from the vehicle interior, and completely accessible for checking and removal;

(b) Generating system capable of supplying the maximum built-in DC electrical current requirements of the ambulance. Extra fuses must be provided.

(7) Seat belts that comply with Federal Motor Vehicle Safety Standards 207, 208, 209, and 210. Restraints must be provided in all seat positions in the vehicle, including the attendant station.

(8) Mirrors on the left side and right side of the vehicle. The location of mounting must provide maximum rear vision from the driver's seated position.

(9) One ABC two and one-half pound fire extinguisher.

(10) Ambulance body:

(a) The length of the patient compartment must be at least one hundred twelve inches in length, measured from the partition to the inside edge of the rear loading doors;

(b) The width of the patient compartment, after cabinet and cot installation, must provide at least nine inches of clear walkway between cots or the squad bench;

(c) The height of the patient compartment must be at least fifty-three inches at the center of the patient area, measured from floor to ceiling, exclusive of cabinets or equipment;

(d) There must be secondary egress from the curb side of the patient compartment;

(e) Back doors must open in a manner to increase the width for loading patients without blocking existing working lights of the vehicle;

(f) The floor at the lowest level permitted by clearances. It must be flat and unencumbered in the access and work area, with no voids or pockets in the floor to side wall areas where water or moisture can become trapped to cause rusting and/or unsanitary conditions;

(g) Floor covering applied to the top side of the floor surface. It must withstand washing with soap and water or disinfectant without damage to the surface. All joints in the floor covering must have minimal void between matching edges, cemented with a suitable water-proof and chemical-proof cement to eliminate the possibility of joints loosening or lifting;

(h) The finish of the entire patient compartment must be impervious to soap and water and disinfectants to permit washing and sanitizing;

(i) Exterior surfaces must be smooth, with appurtenances kept to a minimum;

(j) Restraints provided for all litters. If the litter is floor supported on its own support wheels, a means must be provided to secure it in position. These restraints must permit quick attachment and detachment for quick transfer of patient.

(11) Vehicle brakes, tires, regular and special electrical equipment, windshield wipers, heating and cooling units, safety belts, and window glass, must be in good working order.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-290, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-290, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-300 Ground ambulance and aid vehicles—Equipment.** Ground ambulance and aid services must provide equipment listed in Table C on each licensed vehicle, when available for service.

Note: "asst" means assortment

TABLE C: EQUIPMENT	AMBULANCE	AID VEHICLE
AIRWAY MANAGEMENT		
Airway Adjuncts		
Oral airway (adult: sm, med, lg)	1ea	1ea
Oral airway (pediatric: 00, 0, 1, 2, 3, 4)	1ea	1ea
Suction		
Portable, manual	1	1
Vehicle mounted and powered, providing: Minimum of 30 L/min. & vacuum > 300 mm Hg	1	0
Tubing, suction	1	1
Bulb syringe, pediatric	1	1
Rigid suction tips	2	1
Catheters as required by local protocol		

Note: "asst" means assortment

TABLE C: EQUIPMENT	AMBULANCE	AID VEHICLE
Water-soluble lubricant		
Oxygen delivery system built in	1	0
3000 L Oxygen cylinder, 500 Lbs PSI minimum, or equivalent liquid oxygen system	1	0
300 L Oxygen cylinder, 500 Lbs PSI minimum, or equivalent liquid oxygen system	2	1
Regulator, oxygen (0-15+ Liter)	1	1
Cannula, nasal, adult	4	2
O <sub>2</sub> mask, nonrebreather, adult	4	2
O <sub>2</sub> mask, nonrebreather, pediatric	2	1
BVM, with O <sub>2</sub> reservoir		
Adult	1	1
Pediatric (w/sizes neonatal to adult)	1	1
Pocket mask or equivalent	1	1
PATIENT ASSESSMENT AND CARE Assessment		
Sphygmomanometer		
Adult, large	1	0
Adult, regular	1	1
Pediatric	1	0
Stethoscope, adult	1	1
Thermometer, hypothermia and hyperthermia	1ea	0
Flashlight, w/spare or rechargeable batteries & bulb	1	1
* Defibrillation capability appropriate to the level of personnel. (*Note: The requirement for defibrillation takes effect January 1, 2002.)	1	1
Personal infection control and protective equipment as required by the department of labor and industries		
TRAUMA EMERGENCIES		
Trauma registry identification bands	Yes	Yes
Triage identification for 12 patients	Yes	Yes
Wound care		
Dressing, sterile	asst	asst
Dressing, sterile, trauma	2	2
Roller gauze bandage	asst	asst
Medical tape	asst	asst
Self adhesive bandage strips	asst	asst
Cold packs	4	2
Occlusive dressings	2	2
Burn sheets	2	2
Scissors, bandage	1	1
Irrigation solution	2	1
Splinting		
Backboard with straps	2	1
Head immobilizer	1	1
Pediatric immobilization device	1	0
Extrication collars, rigid		
Adult (small, medium, large)	asst	asst
Pediatric or functionally equivalent sizes	asst	asst
Immobilizer, cervical/thoracic, adult	1	0
Splint, traction, adult w/straps	1	0
Splint, traction, pediatric, w/straps	1	0
Splint, adult (arm and leg)	2ea	1ea
Splint, pediatric (arm and leg)	1ea	1ea
General		
Litter, wheeled, collapsible	1	0
Pillows, plastic covered or disposable	2	0
Pillow case	4	0
Sheets	4	0
Blankets	2	2
Towels, cloth	4	0
Emesis collection device	1	1
Urinal	1	0

Note: "asst" means assortment

TABLE C: EQUIPMENT	AMBULANCE	AID VEHICLE
Bed pan	1	0
OB kit	1	1
Extrication		
Shovel	1	1
Hammer	1	1
Adjustable wrench, 8"	1	1
Hack saw, with blades	1	1
Crowbar, pinch point, 36" minimum	1	1
Screwdriver, straight tip, 10" minimum	1	1
Screwdriver, 3 Phillips, 10" minimum	1	1
Wrecking bar, 3' minimum	1	1
Locking pliers	1	1
Bolt cutters, 1/2" min. jaw spread	1	1
Rope, utility, 50' x 3/8"	1	1

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-300, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-300, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-310 Ground ambulance and aid vehicles—Communications equipment.** (1) Licensed services must provide each licensed ambulance and aid vehicle with communication equipment which:

- (a) Is consistent with state and regional plans;
  - (b) Is in good working order;
  - (c) Allows direct two-way communication between the vehicle and its dispatch control point;
  - (d) Allows communication with medical control.
- (2) If cellular telephones are used, there must also be another method of radio contact with dispatch and medical control for use when cellular service is unavailable.
- (3) Licensed services must provide each licensed ambulance with communication equipment which:

- (a) Allows direct two-way communication with all hospitals in the service area of the vehicle, from both the driver's and patient's compartment;
- (b) Incorporates appropriate encoding and selective signaling devices; and
- (c) When transporting patients, allows communications with medical control and designated EMS/TC receiving facilities.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-310, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-310, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-320 Air ambulance services.** (1) Air ambulance services must:

- (a) Comply with all regulations in this chapter pertaining to ambulance services and vehicles, except that WAC 246-976-290 and 246-976-300 are replaced for air ambulance services by subsection (4)(b) and (c) of this section;
- (b) Comply with the standards in this section for all types of transports, including interfacility and prehospital transports;
- (c) Be in current compliance with all state and Federal Aviation Administration statutes and regulations that apply to air carriers, including, but not limited to, those regulations that apply to certification requirements, operations, equipment, crew members, and maintenance, and any specific regulations that apply to air ambulance services;

(d) Air ambulance services must provide a physician director who is practicing medicine in the response area of the aircraft, as identified in the state EMS/TC plan.

(2) Air ambulance services currently licensed or seeking relicensure after July 31, 2001, must have and maintain accreditation by the commission on accreditation of medical transport services or another accrediting organization approved by the department as having equivalent requirements as CAMTS for aeromedical transport. Until August 1, 2001, subsections (4) and (5) of this section apply to air ambulance services currently licensed or seeking relicensure.

(3) Air ambulance services requesting initial licensure that are ineligible to attain accreditation because they lack a history of operation at the site, must meet the criteria of subsections (4) and (5) of this section and within four months of licensure must have completed an initial consultation with CAMTS or another accrediting organization approved by the department as having equivalent requirements as CAMTS for aeromedical transport. A provisional license will be granted for no longer than two years at which time the service must provide documentation that it is accredited by CAMTS or another accrediting organization approved by the department as having equivalent requirements as CAMTS for aeromedical transport.

(4) Air ambulance services must provide:

(a) A physician director who is:

(i) Practicing medicine in the response area of the aircraft, as identified in the state EMS/TC plan;

(ii) Trained and experienced in emergency, trauma, and critical care;

(iii) Knowledgeable of the operation of air medical services; and

(iv) Responsible for supervising and evaluating the quality of patient care provided by the air medical flight personnel;

(b) Sufficient air medical personnel on each response to provide adequate patient care, specific to the mission, including:

(i) One specially trained, experienced registered nurse or paramedic; and

(ii) One other person who must be a physician, nurse, physician's assistant, respiratory therapist, paramedic, EMT, or other appropriate specialist appointed by the physician director. If an air ambulance responds directly to the scene of an incident, at least one of the air medical personnel must be trained in prehospital emergency care;

(c) Aircraft that, when operated as air ambulances:

(i) Are configured so that the medical attendants can access the patient to begin and maintain advanced life support and other treatment;

(ii) Allow loading and unloading the patient without excessive maneuvering or tilting of the stretcher;

(iii) Have appropriate communication equipment to insure internal crew and air-to-ground exchange of information between flight personnel and hospitals, medical control, the flight operations center, and air traffic control facilities;

(iv) Are equipped with:

(A) Appropriate navigational aids;

(B) Airway management equipment, including:

(I) Oxygen;

(II) Suction;

(III) Ventilation and intubation equipment, adult and pediatric;

(C) Cardiac monitor/defibrillator;

(D) Supplies, equipment, and medication as required by the program physician director, for emergency, cardiac, trauma, pediatric care, and other missions; and

(E) The ability to maintain appropriate patient temperature; and

(v) Have adequate interior lighting for patient care arranged so as not to interfere with the pilot's vision;

(d) If using fixed-wing aircraft, pressurized, multiengine aircraft when appropriate to the mission;

(e) If using helicopter aircraft:

(i) A protective barrier sufficiently isolating the cockpit, to minimize in-flight distraction or interference;

(ii) Appropriate communication equipment to communicate with ground EMS/TC services and public safety vehicles, in addition to the communication equipment specified in (c)(iii) of this subsection.

(5) All air medical personnel must:

(a) Be certified in ACLS;

(b) Be trained in:

(i) Emergency, trauma, and critical care;

(ii) Altitude physiology;

(iii) EMS communications;

(iv) Aircraft and flight safety; and

(v) The use of all patient care equipment on board the aircraft;

(c) Be familiar with survival techniques appropriate to the terrain;

(d) Perform under protocols.

(6) Exceptions:

(a) If aeromedical evacuation of a patient is necessary because of a life threatening condition and a licensed air ambulance is not available, the nearest available aircraft that can accommodate the patient may transport. The physician ordering the transport must justify the need for air transport of the patient in writing to the department within thirty days after the incident.

(b) Excluded from licensure requirements those services operating aircraft for primary purposes other than civilian air medical transport, but which may be called into service to initiate an emergency air medical transport of a patient to the nearest available treatment facility or rendezvous point with other means of transportation. Examples are: United States Army Military Assistance to Safety and Traffic, United States Navy, United States Coast Guard, Search and Rescue, and the United States Department of Transportation.

[Statutory Authority: RCW 18.73.140, 00-22-124, § 246-976-320, filed 11/1/00, effective 12/2/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW, 00-08-102, § 246-976-320, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW, 93-01-148 (Order 323), § 246-976-320, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-330 Ambulance and aid services—Record requirements.** (1) Each ambulance and aid service must maintain a record of:

(a) Current certification levels of all personnel;

(b) Make, model, and license number of all vehicles; and

(c) Each patient contact with at least the following information:

- (i) Names and certification levels of all personnel;
- (ii) Date and time of medical emergency;
- (iii) Age of patient;
- (iv) Applicable components of system response time as defined in this chapter;
- (v) Patient vital signs;
- (vi) Procedures performed on the patient;
- (vii) Mechanism of injury or type of illness;
- (viii) Patient destination;
- (ix) For trauma patients, other data points identified in WAC 246-976-430 for the trauma registry.

(2) Transporting agencies must provide an initial written report of patient care to the receiving facility at the time the patient is delivered. For patients meeting the state of Washington prehospital trauma triage (destination) procedures, as described in WAC 246-976-930(3), the transporting agency must provide additional trauma data elements described in WAC 246-976-430 to the receiving facility within ten days.

(3) Licensed services must make all records available for inspection and duplication upon request of the department.

[Statutory Authority: RCW 70.168.060 and 70.168.090. 02-02-077, § 246-976-330, filed 12/31/01, effective 1/31/02. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-330, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-330, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-340 Ambulance and aid services—Inspections and investigations.** (1) The department may conduct periodic, unannounced inspections of licensed ambulances and aid vehicles and services.

(2) If the service is also verified in accordance with WAC 246-976-390, the department will include a review for compliance with verification standards as part of the inspections described in this section.

(3) Licensed services shall make available to the department and provide copies of any printed or written materials relevant to the inspection, verification review, or investigative process in a timely manner.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-340, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-340, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-390 Verification of trauma care services.** (1) The department will:

(a) Publish procedures for verification. Verification will expire with the period of licensure. The application for verification will be incorporated in the application for licensure;

(b) Verify prehospital trauma care services in the following categories:

(i) Aid service: Basic, intermediate and advanced (paramedic) life support;

(ii) Ground ambulance service: Basic, intermediate and advanced (paramedic) life support;

(iii) Air ambulance service: After July 31, 2001, the department will consider that an air ambulance service has met the requirements of subsections (4), (6), and (9) of this section if it has been accredited by CAMTS or another accrediting organization approved by the department as hav-

ing equivalent requirements as CAMTS for aeromedical transport;

(c) Review the minimum response times for verified prehospital trauma services at least biennially, considering data available from the trauma registry and with the advice of the steering committee;

(d) Forward applications for verification for aid and ground ambulance services to the appropriate regional council for review and comment;

(e) Approve an applicant to provide verified prehospital trauma care, based on satisfactory evaluations as described in this section;

(f) Notify the regional council and the MPD in writing of the name, location, and level of verified services;

(g) Renew approval of a verified service upon reapplication, if the service continues to meet standards established in this chapter and verification remains consistent with the regional plan.

(2) The department will identify minimum and maximum numbers of prehospital services, based on the approved regional and state plans. The department will:

(a) Establish and review biennially the minimum and maximum number of prehospital services based upon distribution and level of service identified for each response area in the approved regional plan.

(b) Evaluate an applicant for trauma verification based upon demonstrated ability of the provider to meet standards defined in this section 24-hours every day.

(c) Verify the trauma capabilities of a licensed prehospital service if it determines that the applicant:

(i) Proposes services that are identified in the regional plan for ground services, or the state plan for air ambulance services, in the proposed response areas.

(ii) Agrees to operate under approved regional patient care procedures and prehospital patient care protocols.

(3) Regional council responsibilities regarding verification are described in WAC 246-976-960.

(4) To apply for verification, a licensed ambulance or aid service must submit application on forms provided by the department, including:

(a) Documentation required for licensure specified by WAC 246-976-260(2);

(b) A policy that a trauma training program is required for all personnel responding to trauma incidents. The program must meet learning objectives established by the department and be approved by the MPD;

(c) Documentation that the provider has the ability twenty-four hours every day to deliver personnel and equipment required for verification to the scene of a trauma within the agency response times identified in this section; and

(d) Documentation that the provider will participate in an approved regional quality assurance program.

(5) Verified aid services must provide personnel on each trauma response including:

(a) Basic life support: At least one individual, first responder or above;

(b) Intermediate life support:

(i) At least one ILS technician; or

(ii) At least one IV/airway technician; or

(iii) At least two individuals, one IV technician and one airway technician.

- (c) Advanced life support - Paramedic: At least one paramedic.
- (6) Verified ambulance services must provide personnel on each trauma response including:
  - (a) Basic life support: At least two certified individuals — one EMT plus one first responder;
  - (b) Intermediate life support:
    - (i) One ILS technician, plus one EMT; or
    - (ii) One IV/airway technician, plus one EMT; or

- (iii) One IV technician and one airway technician;
- (c) Advanced life support - Paramedic: At least two certified individuals — one paramedic and one EMT.
- (7) Verified BLS vehicles must carry equipment identified in WAC 246-976-300, Table C.
- (8) Verified ILS and paramedic vehicles must provide equipment identified in Table D, in addition to meeting the requirements of WAC 246-976-300:

TABLE D: EQUIPMENT FOR VERIFIED TRAUMA SERVICES  
(NOTE: "ASST" MEANS ASSORTMENTS)

	AMBULANCE		AID VEHICLE	
	PAR	ILS	PAR	ILS
<b>AIRWAY MANAGEMENT</b>				
Airway Adjuncts				
Adjunctive airways, per protocol	1	1	1	1
Laryngoscope handle, spare batteries	1	1	1	1
Adult blades, set	1	1	1	1
Pediatric blades, straight (0, 1, 2)	1ea	1ea	1ea	1ea
Pediatric blades, curved (2)	1ea	1ea	1ea	1ea
McGill forceps, adult & pediatric	1	1	1	1
ET tubes, adult (±1/2 mm)	1ea	1ea	1ea	1ea
ET tubes, pediatric, with stylet				
Uncuffed (2.5 - 5.0 mm)	1ea	1ea	1ea	1ea
Cuffed or uncuffed (6.0 mm)	1ea	1ea	1ea	1ea
End-tidal CO <sup>2</sup> detector	1ea	1ea	1ea	1ea
Oxygen saturation monitor	1ea	1ea	1ea	1ea
Suction				
Portable, powered	1	1	1	1
<b>PATIENT ASSESSMENT AND CARE</b>				
Sphygmomanometer				
Adult, large	1	1	1	1
Pediatric	1	1	1	1
<b>TRAUMA EMERGENCIES</b>				
IV access				
Administration sets				
Adult	1	1	1	1
Pediatric, w/volume control	4	4	2	2
Catheters, intravenous (14-24 ga)	asst	asst	asst	asst
Needles				
Hypodermic	asst	asst	asst	asst
Intraosseous, per protocol	2	2	1	1
Sharps container	1	1	1	1
Syringes	asst	asst	asst	asst
Glucose measuring supplies	Yes	Yes	Yes	Yes
Pressure infusion device	1	1	1	1
Medications according to local patient care protocols				

- (9) Verified air ambulance services must meet equipment requirements described in WAC 246-976-320.
- (10) Verified aid services must meet the following minimum agency response times for all major trauma responses to response areas as defined by the department and identified in the regional plan:
  - (a) To urban response areas: Eight minutes or less, eighty percent of the time;
  - (b) To suburban response areas: Fifteen minutes or less, eighty percent of the time;
  - (c) To rural response areas: Forty-five minutes or less, eighty percent of the time;
  - (d) To wilderness response areas: As soon as possible.

- (11) Verified ground ambulance services must meet the following minimum agency response times for all major trauma responses to response areas as defined by the department and identified in the regional plan:
  - (a) To urban response areas: Ten minutes or less, eighty percent of the time;
  - (b) To suburban response areas: Twenty minutes or less, eighty percent of the time;
  - (c) To rural response areas: Forty-five minutes or less, eighty percent of the time;
  - (d) To wilderness response areas: As soon as possible.
- (12) Verified air ambulance services must meet minimum agency response times as identified in the state plan.

[Statutory Authority: RCW 18.73.140. 00-22-124, § 246-976-390, filed 11/1/00, effective 12/2/00. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-390, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-390, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-400 Verification—Noncompliance with standards.** If the department finds that a verified pre-hospital trauma care service is out of compliance with verification standards:

(1) The department shall promptly notify in writing: The service, the MPD, the local and regional EMS/TC councils.

(2) Within thirty days of the department's notification, the service must submit a corrective plan to the department, the MPD and the regional council outlining proposed action to return to compliance.

(3) If the service is either unable or unwilling to comply with the verification standards, under the provisions of chapter 34.05 RCW, the department may suspend or revoke the verification. The department shall promptly notify the regional council and the MPD of any revocation or suspension of verification.

If the MPD or the regional council receive information that a service is out of compliance with the regional plan, they may forward their recommendations for corrections to the department.

(4) The department will review the plan within thirty days, including consideration of any recommendations from the MPD or regional council. The department will notify the service whether the plan is accepted or rejected.

(5) The department will monitor the service's progress in fulfilling the terms of the approved plan.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-400, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-400, filed 12/23/92, effective 1/23/93.]

## TRAUMA REGISTRY

**WAC 246-976-420 Trauma registry—Department responsibilities.** (1) **Purpose:** The department maintains a trauma registry, as required by RCW 70.168.060 and 70.168.090. The purpose of this registry is to:

(a) Provide data for injury surveillance, analysis, and prevention programs;

(b) Monitor and evaluate the outcome of care of major trauma patients, in support of statewide and regional quality assurance and system evaluation activities;

(c) Assess compliance with state standards for trauma care;

(d) Provide information for resource planning, system design and management;

(e) Provide a resource for research and education.

(2) **Confidentiality:** It is essential for the department to protect information regarding specific patients and providers. Data elements related to the identification of individual patient's, provider's, and facility's care outcomes shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450, and shall not be subject to discovery by subpoena or admissible as evidence.

(a) The department may release confidential information from the trauma registry in compliance with applicable laws and regulations. No other person may release confidential information from the trauma registry without express written permission from the department.

(b) The department may approve requests for trauma registry data from qualified agencies or individuals, consistent with applicable statutes and rules. The department may charge reasonable costs associated with such requests.

(c) The data elements indicated as confidential in Tables E, F and G below are considered confidential.

(d) The department will establish criteria defining situations in which additional registry information is confidential, in order to protect confidentiality for patients, providers, and facilities.

(e) This paragraph does not limit access to confidential data by approved regional quality assurance programs established under chapter 70.168 RCW and described in WAC 246-976-910.

### (3) Inclusion criteria:

(a) The department will establish inclusion criteria to identify those injured patients that designated trauma services must report to the trauma registry.

These criteria will include:

(i) All patients who were discharged with ICD diagnosis codes of 800.0 - 904.99, 910 - 959.9 (injuries), 994.1 (drowning), 994.7 (asphyxiation), or 994.8 (electrocution) and:

(A) For whom the hospital trauma resuscitation team was activated; or

(B) Who were dead on arrival at your facility; or

(C) Who were dead at discharge from your facility; or

(D) Who were transferred by ambulance into your facility from another facility; or

(E) Who were transferred by ambulance out of your facility to another acute care facility; or

(F) Adult patients (age fifteen or greater) who were admitted as inpatients to your facility and have a length of stay greater than two days or forty-eight hours; or

(G) Pediatric patients (ages under fifteen years) who were admitted as inpatients to your facility, regardless of length of stay; or

(ii) All patients who meet the requirements of the state of Washington prehospital trauma triage procedures described in WAC 246-976-930(3);

(b) For all licensed rehabilitation services, these criteria will include all patients who were included in the trauma registry for acute care.

(4) **Other data:** The department and regional quality assurance programs may request data from medical examiners and coroners in support of the registry.

(5) **Data linking:** To link data from different sources, the department will establish procedures to assign a unique identifying number (trauma band number) to each trauma patient. All providers reporting to the trauma registry must include this trauma number.

(6) **Data submission:** The department will establish procedures and format for providers to submit data electronically. These will include a mechanism for the reporting agency to check data for validity and completeness before data is sent to the registry.

(7) **Data quality:** The department will establish mechanisms to evaluate the quality of trauma registry data. These mechanisms will include at least:

(a) Detailed protocols for quality control, consistent with the department's most current data quality guidelines.

(b) Validity studies to assess the timeliness, completeness and accuracy of case identification and data collection. The department will report quarterly on the timeliness, accuracy and completeness of data.

(8) **Registry reports:**

(a) Annually, the department will report:

(i) Summary statistics and trends for demographic and related information about trauma care, for the state and for each EMS/TC region;

(ii) Outcome measures, for evaluation of clinical care and system-wide quality assurance and quality improvement programs.

(b) Semiannually, the department will report:

(i) Trends, patient care outcomes, and other data, for each EMS/TC region and for the state, for the purpose of regional evaluation;

(ii) On all patient data entered into the trauma registry during the reporting period;

(iii) Aggregate regional data to the regional EMS/TC council, excluding any confidential or identifying data.

(c) The department will provide:

(i) Provider-specific raw data to the provider that originally submitted it;

(ii) Periodic reports on financial data;

(iii) Registry reports to all providers that have submitted data;

(iv) For the generation of quarterly reports to all providers submitting data to the registry, for the purpose of planning, management, and quality assurance.

[Statutory Authority: RCW 70.168.060 and 70.168.090. 02-02-077, § 246-976-420, filed 12/31/01, effective 1/31/02. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-420, filed 4/5/00,

effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-420, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-430 Trauma registry—Provider responsibilities.** (1) Trauma care providers, prehospital and hospital, must place a trauma ID band on trauma patients, if not already in place from another agency.

(2) All trauma care providers must protect the confidentiality of data in their possession and as it is transferred to the department.

(3) All trauma care providers must correct and resubmit records which fail the department's validity tests described in WAC 246-976-420(6). You must send corrected records to the department within three months of notification.

(4) Licensed prehospital services that transport trauma patients must:

(a) Assure personnel use the trauma ID band.

(b) Report data as shown in Table E for trauma patients defined in WAC 246-976-420. Data is to be reported to the receiving facility in an approved format within ten days.

(5) Designated trauma services must:

(a) Assure personnel use the trauma ID band.

(b) Report data elements shown in Table F for all patients defined in WAC 246-976-420.

(c) Report patients discharged in a calendar quarter in an approved format by the end of the following quarter. The department encourages more frequent data reporting.

(6) Designated trauma rehabilitation services must:

(a) Report data on all patients who were included in the trauma registry for acute care.

(b) Report either:

(i) Data elements shown in Table G; or

(ii) If the service submits data to the uniform data set for medical rehabilitation, provide a copy of the data to the department.

**TABLE E: Prehospital Data Elements for the Washington Trauma Registry**

Data Element	Type of patient	Pre-Hosp Transport	Inter-Facility
Note: (C) identifies elements that are confidential. See WAC 246-976-420 (2)(c).			
<b>Incident Information</b>			
Agency identification number (C)		X	X
Date of response (C - day only)		X	X
Run sheet number (C)		X	X
First agency on scene identification number (C)		X	
Level of personnel		X	X
Mode of transport		X	X
Incident county code		X	
Incident location (type)		X	
Incident response area type		X	
<b>Patient Information</b>			
Patient's trauma identification band number (C)		X	X
Name (C)		X	X
Date of birth (C), or Age		X	X
Sex		X	X
Mechanism of injury		X	
Safety restraint or device used		X	

TABLE E: Prehospital Data Elements for the Washington Trauma Registry			
Data Element	Type of patient	Pre-Hosp Transport	Inter-Facility
<b>Transportation</b>			
Transported from (code) (C - if hospital ID)		X	X
Reason for destination decision		X	X
<b>Times</b>			
Transporting agency dispatched		X	X
Transporting agency arrived at scene		X	X
Transporting agency departed from scene		X	X
<b>Vital Signs</b>			
Time		X	X
Systolic blood pressure		X	X
Respiratory rate		X	X
Pulse		X	X
Glasgow coma score (three components)		X	X
Pupils		X	X
Vitals from 1st agency on scene?		X	
<b>Trauma Triage Criteria</b>			
Vital signs, consciousness level		X	
Anatomy of injury		X	
Biomechanics of injury		X	
Other risk factors		X	
Gut feeling of medic		X	
Prehospital trauma system activation?		X	
<b>Other Severity Measures</b>			
Respiratory quality		X	
Consciousness		X	
Time (interval) for extrication		X	
<b>Treatment:</b> EMS interventions		X	X

**TABLE F: Hospital Data Elements for the Washington Trauma Registry**

All licensed hospitals must submit the following data for patients identified in WAC 246-976-420(3):  
 Note: (C) identifies elements that are confidential. See WAC 246-976-420(2).

**Record Identification**

- Identification of reporting facility (C);
- Date and time of arrival at reporting facility (C - day only);
- Unique patient identification number assigned to the patient by the reporting facility (C);
- Patient's trauma identification band number (C);

**Patient Identification**

- Name (C);
- Date of birth (C - day only);
- Sex;
- Race;
- Social Security number (C);
- Home zip code;

**Prehospital Incident Information**

- Date and time of incident (C - day only);
- Prehospital trauma system activated?;

- First agency on-scene ID number;
- Arrival via EMS system?;
- Transporting (reporting) agency ID number;
- Transporting agency run number (C);
- Mechanism of injury;
- Respiratory quality;
- Consciousness;
- Incident county code;
- Incident location type;
- Response area type;
- Occupational injury?;
- Safety restraint/device used;

**Earliest Available Prehospital Vital Signs**

- Time;
- Systolic blood pressure;
- Respiratory rate;
- Pulse rate;
- Glasgow coma score (three components);
- Pupils;
- Vitals from 1st on-scene agency?;
- Extrication time over twenty minutes?;
- Prehospital procedures performed;

**Prehospital Triage**

Vital signs/consciousness;  
Anatomy of injury;  
Biomechanics of injury;  
Other risk factors;  
Gut feeling of medic;

**Transportation Information**

Time transporting agency dispatched;  
Time transporting agency arrived at scene;  
Time transporting agency left scene;  
Transportation mode;  
Personnel level;  
Transported from;  
Reason for destination;

**ED or Admitting Information**

Time ED physician called;  
ED physician called "code"?;  
Time ED physician available for patient care;  
Time trauma team activated;  
Level of trauma team activation;  
Time trauma surgeon called;  
Time trauma surgeon available for patient care;  
Vital Signs in ED  
Patient dead on arrival at your facility?;  
First and last systolic blood pressure;  
First and last temperature;  
First and last pulse rate;  
First and last spontaneous respiration rate;  
Lowest systolic blood pressure;  
Glasgow coma scores (eye, verbal, motor);  
Injury Severity scores  
Prehospital Index (PHI) score;  
Revised Trauma Score (RTS) on admission;  
For pediatric patients:

Pediatric Trauma Score (PTS) on admission;  
Pediatric Risk of Mortality (PRISM) score on admission;  
Pediatric Risk of Mortality - Probability of Survival (PRISM P(s));  
Pediatric Overall Performance Category (POPC);  
Pediatric Cerebral Performance Category (PCPC):

ED procedures performed;  
ED complications;  
Time of ED discharge;  
ED discharge disposition, including  
If admitted, the admitting service;  
If transferred out, ID of receiving hospital

**Diagnostic and Consultative Information**

Date and time of head CT scan;  
Date of physical therapy consult;  
Date of rehabilitation consult;  
Blood alcohol content;  
Toxicology screen results;  
Drugs found;  
Co-morbid factors/Preexisting conditions;

**Surgical Information**

For the first operation:  
Date and time patient arrived in operating room;  
Date and time operation started;  
OR procedure codes;  
For later operations:

Date of operation  
OR Procedure Codes

**Critical Care Unit Information**

Date and time of admission for primary stay in critical care unit;  
Date and time of discharge from primary stay in critical care unit;  
Length of readmission stay(s) in critical care unit;

**Other procedures performed (not in OR)****Discharge Status**

Date and time of facility discharge (**C - day only**);  
Most recent ICD diagnosis codes/discharge codes, including nontrauma codes;  
E-codes, primary and secondary;  
Glasgow Score at discharge;  
Disability at discharge (Feeding/Locomotion/Expression)

**Discharge disposition**

If transferred out, ID of facility patient was transferred to (**C**)  
If patient died in your facility  
Date and time of death (**C - day only**);  
Was an autopsy done?;  
Was case referred to coroner or medical examiner?  
Did coroner or medical examiner accept jurisdiction?  
Was patient evaluated for organ donation?

**Financial Information (All Confidential)**

For each patient  
Total billed charges;  
Payer sources (by category);  
Reimbursement received (by payer category);  
Annually, submit ratio-of-costs-to-charges, by department.

**TABLE G: Data Elements for Designated Rehabilitation Services**

Designated trauma rehabilitation services must submit the following data for patients identified in WAC 246-976-420(3).

Note: (**C**) identifies elements that are confidential. WAC 246-976-420(2)

**Rehabilitation services, Levels I and II****Patient Information**

Facility ID (**C**)  
Facility Code  
Patient Code  
Trauma tag/identification Number (**C**)  
Date of Birth (**C - day only**)  
Social Security Number (**C**)  
Patient Name (**C**)  
Patient Sex

**Care Information**

Date of Admission (**C - day only**)  
Admission Class  
Date of Discharge (**C - day only**)  
Impairment Group Code  
ASIA Impairment Scale

**Diagnosis (ICD-9) Codes**

Etiologic Diagnosis  
 Other significant diagnoses  
 Complications/comorbidities  
 Diagnosis for transfer or death

**Other Information**

Date of onset  
 Admit from (Type of facility)  
 Admit from (ID of facility)  
 Acute trauma care by (ID of facility)  
 Prehospital living setting  
 Prehospital vocational category  
 Discharge-to-living setting

**Functional Independence Measure (FIM) - One set on admission and one on discharge**

Self Care  
 Eating  
 Grooming  
 Bathing  
 Dressing - Upper  
 Dressing - Lower  
 Toileting  
 Sphincter control  
 Bladder  
 Bowel  
 Transfers  
 Bed/chair/wheelchair  
 Toilet  
 Tub/shower  
 Locomotion  
 Walk/wheelchair  
 Stairs  
 Communication  
 Comprehension  
 Expression  
 Social cognition  
 Social interaction  
 Problem solving  
 Memory

**Payment Information (all confidential)**

Payer source - primary and secondary  
 Total Charges  
 Remitted reimbursement by category

**Rehabilitation, Level III****Patient Information**

Facility ID (C)  
 Patient number (C)  
 Trauma tag/identification Number (C)  
 Social Security Number (C)  
 Patient Name (C)

**Care Information**

Date of Admission (C - day only)

**Impairment Group Code****Diagnosis (ICD-9) Codes**

Etiologic Diagnosis  
 Other significant diagnoses  
 Complications/comorbidities

**Other Information**

Admit from (Type of facility)

Admit from (ID of facility) (C)

Acute trauma care given by (ID of facility) (C)

Inpatient trauma rehabilitation given by (ID of facility) (C)

Discharge-to-living setting

**Payment Information (all confidential)**

Payer source - primary and secondary

Total Charges

Remitted reimbursement by category

[Statutory Authority: RCW 70.168.060 and 70.168.090. 02-02-077, § 246-976-430, filed 12/31/01, effective 1/31/02. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-430, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-430, filed 12/23/92, effective 1/23/93.]

**DESIGNATION OF TRAUMA CARE FACILITIES**

**WAC 246-976-485 Designation of facilities to provide trauma care services.** (1) The department designates trauma services as part of the comprehensive, statewide emergency medical services and trauma care system. This section and WAC 246-976-490 describe the designation process. WAC 246-976-530 through 246-976-890 identify standards for trauma services. The department uses a competitive process to select designated services, including:

- (a) An application schedule. You will have at least ninety days to complete the application;
- (b) A description of the documents you must submit to demonstrate that you meet the standards;
- (c) An on-site review fee schedule. You must pay any required fees at least thirty days before an on-site review;
- (d) The department's evaluation criteria; and
- (e) The department's decision criteria.

- (2) To apply for trauma service designation, you must:
  - (a) Send a notice of intent to the department by the time required in the application schedule;
  - (b) Submit a completed application by the time required in the application schedule. If you are applying for multiple designation, you must submit a separate application for each level and category of designation for which you are applying.

If you represent more than one facility applying for joint designation, you must submit a single application for each level and category. The department's evaluation of joint applications will use the same criteria as for a single facility designation. To be considered for joint designation, your joint trauma service must have:

- (i) A single trauma service director;
- (ii) A single multidisciplinary committee with representation from all participating facilities;
- (iii) A single set of common policies and procedures;
- (iv) A predetermined facility rotation schedule;
- (v) A single, central trauma registry with a common methodology for abstraction and input of trauma data; and
- (vi) A single, joint QI program in keeping with the goals of WAC 246-976-881 including joint peer review and joint systems review.

(c) Provide the department's on-site review team access to your facility, staff, and all documents concerning trauma care. This will include at least your standards of care, policy and procedures, patient care records, trauma quality assurance/improvement materials, and other relevant documents.

(3) The department must conduct an on-site review of your facility before you can be designated as level I, II or III trauma care service, or level I, II or III pediatric trauma care service. The department will use a multidisciplinary team to conduct this review.

(a) For level I and II services, the department will only choose members for the review team who live or work outside your state.

(b) For level III services, the department will only choose members for the review team who live or work outside your region.

(c) The department will provide you with the names of members of the review team. You should send any objections to the department within ten days of notification.

(d) The team will give an oral report of preliminary findings before leaving your facility.

(e) The department and the team will maintain confidentiality of information, records, and reports developed pursuant to on-site reviews in accordance with the provisions of RCW 70.41.200 and 70.168.070.

(f) The department will conduct an on-site review within eighteen months of designating a joint service, to confirm that you meet the requirements of this chapter. This requirement shall not be construed to limit the department's right to conduct an on-site review at any earlier or later time, or to limit its authority under WAC 246-976-490 to suspend or revoke designation for cause at any time prior to the on-site review of the jointly designated trauma care service.

(4) The department may conduct an on-site review of your facility if you applied for designation as a level IV or V trauma care service, as a level I-III trauma rehabilitation service, or as a level I-pediatric trauma rehabilitation service.

(5) After designation as a trauma service, you may ask the department to conduct an on-site survey for technical assistance. The department may require you to reimburse its costs for conducting the survey.

(6) The department will designate the health care facilities it considers most qualified to provide trauma care services. The decision to designate will be based on at least the following:

(a) Evaluation of all applications submitted;

(b) Recommendations from the on-site review team;

(c) Trauma patient outcomes during the previous designation period;

(d) The impact of designation on the effectiveness of the trauma care system;

(e) Expected patient volume of the area;

(f) The number, levels, and distribution of designated health care facilities established in the state and regional EMS/TC plans;

(g) Ability of each applicant to comply with goals of the state and regional EMS/TC plans; and

(h) Each applicant's compliance with its designation contract during the previous designation period.

(7) The department will notify you in writing of its designation decision. It will also provide you with a written report summarizing its review of your application, any on-site review findings, and any decisions:

(a) In regions where there is competition for designation, the department will send you the report within ninety days of announcing its decisions. There is competition for designa-

tion in any region where the number of applications for a level and type of designation is more than the maximum number of services identified in the state plan.

(b) In regions where there is no competition, the department will send you the report within ninety days of the on-site review for levels I - III or within thirty days of announcing its designation decision for levels IV and V.

(8) The department will notify regional EMS/TC councils of the name, location, and level of services that have been designated in their regions.

(9) The department will not approve your application if it finds that your facility:

(a) Is not the most qualified applicant, if there is competition for designation;

(b) Does not meet the requirements of this chapter for the level you applied for;

(c) Does not meet the requirements of the approved regional plan;

(d) Has made a false statement about a material fact in its application for designation; or

(e) Refuses to allow the department to inspect any part of your facility that relates to the delivery of trauma services, including records, documentation, or files.

(10) If the department denies an application for trauma service designation, the department will notify you in writing, including the reasons for its action and explaining your rights. You may appeal the department's decisions. Your appeal must follow the requirements of chapter 34.05 RCW and chapter 246-10 WAC. Send your appeal to the adjudicative clerk's office at the address indicated on the notice of decision.

(11) The department may:

(a) Consider applications from facilities located and licensed in adjacent states in the same manner as applications received from facilities located and licensed in Washington;

(b) Consider the administrative findings, conclusions and determination of an adjacent state to determine if you meet Washington standards. The department may request additional information. The department will base its decision on these considerations only if:

(i) There is no competition in the region for designation at the level/category you applied for; and

(ii) Your facility is located in an adjacent state that has an established trauma care system, with standards that meet or exceed Washington standards; and your facility is designated by your state to provide trauma service;

(c) Provisionally designate trauma services that are not able to meet all the requirements of this chapter, if this is necessary to ensure adequate trauma care in an area. The provisional designation will not be for more than two years;

(d) Consider additional applications without regard to the schedule, if this is needed to ensure adequate coverage according to the state plan.

(12) You and the department must agree to a contract to provide trauma services. The contract will include at least:

(a) Your authority to provide trauma services for a three-year period;

(b) Both the department's and your contractual and financial requirements and responsibilities;

(c) Allowance for the department to monitor your compliance with trauma service standards;

(d) Allowance for the department access to discharge summaries for trauma patients, patient care logs, trauma patient care records, hospital trauma care quality assurance/improvement materials, including minutes, and other relevant documents;

(e) A requirement for confidentiality of information relating to individual patient's, provider's, and facility's care outcomes.

(13) The department will notify all interested parties of the application process and schedule at least one hundred fifty days before the expiration of designation in each region.

[Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-485, filed 12/10/03, effective 1/10/04. Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-485, filed 1/29/98, effective 3/1/98.]

**WAC 246-976-490 Suspension or revocation of designation.** The Administrative Procedure Act, chapter 34.05 RCW, and chapter 246-10 WAC govern the process of suspending or revoking trauma service designation.

(1) The department may suspend or revoke your trauma service designation if the designated facility and/or any owner, officer, director, or managing employee:

(a) Is substantially out of compliance with the requirements of this chapter and chapter 70.168 RCW, and has been unable or unwilling to comply as required by the department;

(b) Makes a false statement of a material fact in the application for designation, or in any record required by this chapter, or in a matter under investigation;

(c) Prevents, interferes with, or attempts to impede in any way, the work of a representative of the department in the lawful enforcement of this chapter or chapter 70.168 RCW;

(d) Uses false, fraudulent, or misleading advertising, or makes any public claims regarding the facility's ability to care for nontrauma patients based on its trauma care designation status;

(e) Misrepresents or is fraudulent in any aspect of conducting business.

(2) The department will use the following process to suspend trauma service designation:

(a) The department will notify you in writing if it intends to suspend your designation. It will send the notice at least twenty-eight days before it takes action, unless it is a summary suspension as provided for in the Administrative Procedure Act. The notice will include the reasons for the action, and describe your right to a hearing to contest the department's notice of intent to suspend your designation. If you request a hearing within twenty-eight days of the date the notice was mailed to you, a hearing before a health law judge will be scheduled. If you do not request a hearing within twenty-eight days of the date the notice was mailed to you, the suspension becomes final.

(b) You may submit a plan to the department within twenty-eight days after service of the department's notice of intent to suspend your designation, describing how you will correct deficiencies. The department will approve or disapprove your plan within thirty days of receiving your plan. If the department approves your plan, you must begin to implement it within thirty days. You must notify the department when the problems are corrected. When you have shown the department that you are meeting the requirements of chapter 70.168 RCW and this chapter, which may require a site

review, the department will withdraw its notice of intent to suspend your designation or will otherwise reinstate designation if a final decision suspending designation has already occurred.

(c) The department will notify the regional EMS/TC council of the actions it has taken.

(3) The department will use the following process to revoke designation:

(a) The department will notify you in writing if it intends to revoke your designation. It will send the notice at least twenty-eight days before it takes action, unless it is a summary revocation as provided for in the Administrative Procedure Act. The notice will include the reasons for the action, and describe your right to a hearing to contest the department's notice of intent to revoke your designation. If you request a hearing, a hearing before a health law judge will be scheduled. If you do not request a hearing within twenty-eight days of the date the notice was mailed to you, the revocation becomes final.

(b) The department will notify the regional EMS/TC council of the actions it has taken.

(4) You may appeal final decisions to superior court under the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-490, filed 1/29/98, effective 3/1/98.]

**WAC 246-976-530 Trauma service designation—Administration and organization.**

A facility with a designated trauma service must have:	LEVELS				
	I	II	III	IV	V
(1) A written scope of trauma service for both adult and pediatric trauma patients consistent with chapter 246-976 WAC, community needs and the approved regional plan. The written scope of trauma service must delineate the resources and capabilities available for trauma patient care twenty-four hours every day;	X	X	X	X	X
(2) A trauma service director responsible for organization and direction of the trauma service. The director must be:	X	X	X	X	X
(a) A general surgeon with special competence in care of the injured. The director may delegate duties to another surgeon (or for level II & III another physician with special competence in care of the injured), but the director must maintain responsibility for the trauma service;	X	X	X		

A facility with a designated trauma service must have:	LEVELS				
	I	II	III	IV	V
(b) A general surgeon, or a physician with special competence in the care of the injured;				X	
(c) A physician, physician assistant, or advanced registered nurse practitioner;					X
(3) A trauma service coordinator responsible for ongoing coordination of the trauma service. The coordinator must be a registered nurse with special competence in the care of the injured (for level V clinics the coordinator is not required to be a registered nurse);	X	X	X	X	X
(4) A multidisciplinary trauma committee chaired by the trauma service director with membership that reflects your written scope of trauma service. The multidisciplinary committee must have responsibility and authority for establishing and changing trauma care policy and procedure and for conducting the trauma service quality improvement program in accordance with WAC 246-976-881;	X	X	X	X	X
(5) A full trauma team to provide initial evaluation, resuscitation and treatment. The full trauma team must include:	X	X	X	X	
(a) A general surgeon with special competence in care of the injured, who organizes and directs the team and assumes responsibility for coordination of overall care of the trauma patient. (For levels I and II - the surgeon must be at least a postgraduate year four resident);	X	X	X		
(b) A general surgeon if general surgery services are included in your written scope of trauma service or a physician who has specific delineation of surgical privileges by the medical staff for resuscitation, stabilization				X	

A facility with a designated trauma service must have:	LEVELS				
	I	II	III	IV	V
and treatment of trauma patients. The surgeon or physician with surgical privileges organizes and directs the team and assumes responsibility for coordination of overall care of the trauma patient;					
(c) An emergency physician who is responsible for providing team leadership and care for the trauma patient until the arrival of the general surgeon in the resuscitation area;	X	X	X		
(d) An emergency physician or a physician with special competence in resuscitation, care and treatment of trauma patients who is responsible for providing team leadership and care for the trauma patient until the arrival of the general surgeon or physician with surgical privileges;				X	
(e) The trauma service must identify all other members of the team to reflect your written scope of trauma service;	X	X	X	X	
(6) A trauma team to provide initial evaluation, resuscitation and treatment. The team must include:					X
(a) A physician, physician assistant, or advanced registered nurse practitioner;					X
(b) The trauma service must identify all other members of the team to reflect your written scope of trauma service;					X
(7) A method and criteria for activating the trauma team consistent with WAC 246-976-870 and your written scope of trauma service;	X	X	X	X	X
(8) A written policy and procedures to divert patients to other designated trauma care services when the facility's resources are temporarily unavailable for trauma patient care. The policy must include:	X	X	X	X	
(a) The facility and/or patient criteria used to decide when to divert a trauma patient;	X	X	X	X	

A facility with a designated trauma service must have:	LEVELS				
	I	II	III	IV	V
(b) A process to coordinate trauma patient diversions with other area trauma services and prehospital agencies;	X	X	X	X	
(c) A method for documenting trauma patient diversions, including: Date, time, duration, reason, and decision maker;	X	X	X	X	
(9) Interfacility transfer guidelines and agreements consistent with your written scope of trauma service and consistent with WAC 246-976-890;	X	X	X	X	X
(10) A heli-stop, landing zone or airport located close enough to permit the facility to receive or transfer patients by fixed-wing or rotary-wing aircraft;	X	X	X		
(11) A plan addressing receipt and transfer of patient by fixed-wing and rotary-wing aircraft;				X	X
(12) Participation in the state trauma registry as required in WAC 246-976-430, with a person identified as responsible for coordination of trauma registry activities;	X	X	X	X	X
(13) A quality assurance program conducted by the multidisciplinary committee and consistent with WAC 246-976-881;	X	X	X	X	X
(14) Participation in the regional quality assurance program in accordance with WAC 246-976-910.	X	X	X	X	X

[Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-530, filed 12/10/03, effective 1/10/04.]

**WAC 246-976-535 Trauma service designation—Basic resources and capabilities.**

A facility with a designated trauma service must have:	LEVELS				
	I	II	III	IV	V
(1) An emergency department, including:	X	X	X	X	
(a) An area designated for adult and pediatric resuscitation;	X	X	X	X	

A facility with a designated trauma service must have:	LEVELS				
	I	II	III	IV	V
(b) Written standards of care to ensure immediate and appropriate care for adult and pediatric trauma patients;	X	X	X	X	
(c) A physician director who:	X	X	X		
(i) Is board-certified in emergency medicine, surgery or other relevant specialty (or for level I, has documented experience as director of an emergency department which has been previously recognized as a level I trauma center either by a regional entity or as verified by the Committee on Trauma of the American College of Surgeons);	X	X	X		
(ii) Is ATLS and ACLS trained, except this requirement does not apply to a physician board-certified in emergency medicine or surgery;	X	X	X		
(iii) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-886, except that this requirement does not apply to a physician board-certified in pediatric emergency medicine;	X	X	X		
(d) Physicians who:	X	X	X	X	
(i) Are board-certified in emergency medicine, or board-certified in a specialty and practicing emergency medicine as their primary practice with special competence in care of trauma patients; (level I only - this requirement may be met by a surgical resident postgraduate year two who is ATLS and ACLS trained, has completed the PER as defined in WAC 246-976-886, and is working under the direct supervision of the attending emergency physician, until the arrival of the surgeon to assume leadership of the trauma team);	X	X			

A facility with a designated trauma service must have:	LEVELS				
	I	II	III	IV	V
(ii) Have special competence in resuscitation, care and treatment of trauma patients;	X	X	X	X	
(iii) Are available within five minutes of patient's arrival in the emergency department;	X	X	X		
(iv) Are on-call and available within twenty minutes of notification of patient arrival. A physician assistant or advanced registered nurse practitioner who is ACLS and ATLS trained and has completed the PER requirement, may initiate evaluation and treatment upon the patient's arrival in the emergency department until the arrival of the attending physician;				X	
(v) Are ATLS and ACLS trained, except this requirement does not apply to a physician board-certified in emergency medicine;	X	X	X	X	
(vi) Have completed the PER as defined in WAC 246-976-886, except this requirement does not apply to a physician board-certified in pediatric emergency medicine (or emergency medicine for level IV);	X	X	X	X	
(e) Registered nurses who:	X	X	X	X	
(i) Are in the emergency department and available within five minutes of patient's arrival;	X	X	X		
(ii) Are in-house and available within five minutes of notification of patient arrival;				X	
(iii) Are ACLS trained;	X	X	X	X	
(iv) Have completed the PER as defined in WAC 246-976-886;	X	X	X	X	
(v) Have successfully completed a trauma life support course as defined in WAC 246-976-885;	X	X	X	X	
(2) Emergency care services available twenty-four hours every day with:					X

A facility with a designated trauma service must have:	LEVELS				
	I	II	III	IV	V
(a) An area designated for adult or pediatric resuscitation;					X
(b) Written standards of care to ensure immediate and appropriate care of adult and pediatric trauma patients;					X
(c) A physician, physician assistant, or advanced registered nurse practitioner, on-call and available within twenty minutes of notification of team activation, who has ATLS training, except the ATLS requirement does not apply to a physician board-certified in emergency medicine or board-certified in surgery;					X
(3) Equipment for resuscitation and life support of pediatric and adult trauma patients, including equipment described in WAC 246-976-620;	X	X	X	X	X
(4) Radiological services, with:	X	X	X	X	
(a) A radiologist on-call and available within twenty minutes of team leader's request;	X	X			
(b) A radiologist on-call and available within thirty minutes of team leader's request;			X		
(c) A technician able to perform routine radiological capabilities:	X	X	X	X	
(i) Available within five minutes of notification of team activation;	X	X			
(ii) On-call and available within twenty minutes of notification of team activation;			X	X	
(d) A technician able to perform computerized tomography:	X	X	X		
(i) Available within five minutes of team leader's request;	X				
(ii) On-call and available within twenty minutes of team leader's request;		X	X		

A facility with a designated trauma service must have:	LEVELS				
	I	II	III	IV	V
(e) A technician on-call and available within twenty minutes of team leader's request, able to perform the following:	X	X			
(i) Angiography of all types;	X	X			
(ii) Sonography;	X	X			
(5) Respiratory therapy available within five minutes of notification of team activation;	X	X			
(6) Respiratory therapy on-call and available within thirty minutes of notification of team activation;			X		
(7) Clinical laboratory services, including:	X	X	X	X	
(a) A clinical laboratory technologist available within five minutes of notification of team activation;	X	X	X		
(b) A clinical laboratory technologist on-call and available within twenty minutes of notification of team activation;				X	
(c) Standard analysis of blood, urine, and other body fluids;	X	X	X	X	
(d) Coagulation studies;	X	X	X	X	
(e) Blood gases and pH determination;	X	X	X	X	
(f) Serum and urine osmolality;	X	X			
(g) Microbiology;	X	X	X		
(h) Serum alcohol determination;	X	X	X	X	
(i) Drug or toxicology screening;	X	X	X	X	
(8) Blood and blood-component services, including:	X	X	X	X	
(a) Blood and blood components available from in-house or through community services, to meet patient needs;	X	X	X	X	
(b) Noncrossmatched blood available on patient arrival in the emergency department;	X	X	X	X	
(c) Ability to obtain blood typing and crossmatching;	X	X	X	X	
(d) Policies and procedures for massive transfusion;	X	X	X	X	
(e) Autotransfusion;	X	X	X		

A facility with a designated trauma service must have:	LEVELS				
	I	II	III	IV	V
(f) Blood storage capability;	X	X	X	X	
(9) A surgery department, including:	X	X	X	X	
(a) General surgery services, with:	X	X	X		
(i) An attending, board-certified general surgeon available within five minutes of notification of team activation. A postgraduate year four or above surgical resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until the arrival of the attending surgeon. In this case the attending surgeon must be available within twenty minutes of notification of team activation;	X				
(ii) An attending, board-certified general surgeon on-call and available within twenty minutes of notification of team activation. A postgraduate year four or above surgical resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until the arrival of the attending surgeon. The attending surgeon must be available within twenty minutes upon notification of team activation;		X			
(iii) An attending general surgeon, on-call and available within thirty minutes of notification of team activation;			X		
(iv) All general surgeons (and surgical residents for level I and II) who are responsible for care and treatment of trauma patients must:	X	X	X		
(A) Be trained in ATLS and ACLS, except this requirement does not apply to a physician board-certified in surgery; and	X	X	X		

A facility with a designated trauma service must have:	LEVELS				
	I	II	III	IV	V
(B) Have completed the PER as defined in WAC 246-976-886; and	X	X	X		
(C) Have specific delineation of trauma surgery privileges by the medical staff;	X	X	X		
(b) Surgery services with a general surgeon or physician with specific delineation of surgical privileges by the medical staff for resuscitation, stabilization and treatment of trauma patients. The physician must be:				X	
(i) On-call and available within thirty minutes of notification of team activation;				X	
(ii) ATLS and ACLS trained, except this requirement does not apply to a physician board-certified in surgery;				X	
(c) Neurosurgical services with:	X	X			
(i) A neurosurgeon:	X	X			
(A) Available within five minutes of team leader's request. A postgraduate year four or above neurosurgery resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until the arrival of the attending neurosurgeon. In this case the neurosurgeon must arrive within thirty minutes of team leader's request;	X				
(B) On-call and available within thirty minutes of team leader's request;		X			
(ii) Ability to provide acute and ongoing care for acute head and spinal cord injuries;	X	X			
(d) Ability to resuscitate and stabilize acute head and/or spinal cord injuries;			X	X	

A facility with a designated trauma service must have:	LEVELS				
	I	II	III	IV	V
(e) A neurosurgeon on-call and available within thirty minutes of team leader's request or written transfer guidelines and agreements for head and spinal cord injuries;			X	X	
(f) The following surgical services on-call and available within thirty minutes as requested by the trauma team leader:	X	X	X		
(i) Cardiac surgery;	X				
(ii) Microsurgery;	X				
(iii) Obstetric surgery (or, for level III, a plan to manage the pregnant trauma patient);	X	X	X		
(iv) Orthopedic surgery;	X	X			
(v) Thoracic surgery;	X	X			
(vi) Urologic surgery;	X	X			
(vii) Vascular surgery.	X	X			
(g) The following surgical services on-call for patient consultation or management:	X	X	X		
(i) Gynecologic surgery;	X	X			
(ii) Ophthalmic surgery;	X	X			
(iii) Oral/maxillofacial or otorhinolaryngologic surgery;	X	X			
(iv) Plastic surgery;	X	X			
(v) Orthopedic surgery;			X		
(10) Anesthesiology, with an anesthesiologist (or certified registered nurse anesthetist for level III and IV) who:	X	X	X	X	
(a) Is available within five minutes of team leader's request;	X				
(b) Is on-call and available within twenty minutes of team leader's request;		X			
(c) Is on-call and available within thirty minutes of team leader's request;			X	X	
(d) Is ACLS trained, except this requirement does not apply to a physician board-certified in anesthesiology;	X	X	X	X	
(e) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-886;	X	X	X		

A facility with a designated trauma service must have:	LEVELS				
	I	II	III	IV	V
(11) An operating room and a registered nurse or designee responsible for opening and preparing the operating room, available within five minutes of notification of team activation, with:	X	X	X	X	
(a) Other essential personnel as identified by the trauma service on-call and available within twenty minutes of notification of team activation;	X	X			
(b) Other essential personnel as identified by the trauma service on-call and available within thirty minutes of notification of team activation;			X	X	
(c) A written policy providing for mobilization of additional surgical teams for trauma patients; and	X	X	X		
(d) Instruments and equipment appropriate for pediatric and adult surgery, including equipment described in WAC 246-976-620.	X	X	X	X	
(12) A postanesthetic recovery service with:	X	X	X	X	
(a) At least one registered nurse available twenty-four hours a day;	X				
(b) At least one registered nurse on-call and available twenty-four hours a day;		X	X	X	
(c) Nurses ACLS trained;	X	X	X	X	
(d) Nurses who have completed the PER as defined in WAC 246-976-886; and	X	X	X		
(13) A critical care service with:	X	X	X		
(a) A medical director who is:					
(i) Board-certified in surgery with special competence in critical care;	X				
(ii) Board-certified in surgery, internal medicine, or anesthesiology, with special competence in critical care;		X	X		

A facility with a designated trauma service must have:	LEVELS				
	I	II	III	IV	V
(iii) Responsible for coordinating with the attending staff for the care of trauma patients;	X	X	X		
(b) A physician directed code team;	X	X	X		
(c) Critical care registered nurses with special competence in trauma care, who:	X	X	X		
(i) Are ACLS trained; and	X	X	X		
(ii) Have successfully completed a trauma life support course as defined in WAC 246-976-885;	X	X	X		
(d) Designation as a pediatric trauma service <b>or</b> written transfer guidelines and agreements for pediatric trauma patients requiring critical care services;	X	X	X		
(e) Equipment as described in WAC 246-976-620;	X	X	X		
(14) A critical care service which meets requirements for a level III trauma service, if critical care services are included in your written scope of trauma service, <b>or</b> written transfer guidelines and agreements for trauma patients requiring critical care services;				X	
(15) Acute dialysis capability, <b>or</b> written transfer agreements for dialysis services;	X	X	X	X	
(16) The following services on-call and available for patient consultation or management during the inpatient stay:	X	X	X		
(a) Cardiology;	X	X			
(b) Gastroenterology;	X	X			
(c) Hematology;	X	X			
(d) Infectious disease specialists;	X	X			
(e) Internal medicine;	X	X	X		
(f) Nephrology;	X	X			
(g) Neurology;	X	X			
(h) Pathology;	X	X	X		
(i) Pediatrics;	X	X			
(j) Pulmonology;	X	X			
(k) Psychiatry or care plan for trauma patients requiring psychiatric management;	X	X			

A facility with a designated trauma service must have:	LEVELS				
	I	II	III	IV	V
(17) Written policy and procedures for access to ancillary services for in-patient care, including:	X	X	X	X	
(a) Chemical dependency services;	X	X	X		
(b) Child and adult protection services;	X	X	X	X	
(c) Clergy or pastoral care;	X	X	X	X	
(d) Nutritionist services;	X	X	X	X	
(e) Pharmacy services, with pharmacist in-house;	X				
(f) Pharmacy services;		X	X	X	
(g) Occupational therapy services;	X	X	X		
(h) Physical therapy services;	X	X	X	X	
(i) Speech therapy services;	X	X	X		
(j) Social services;	X	X	X	X	
(k) Psychological services;	X	X	X		
(18) Ability to resuscitate and stabilize burn patients;	X	X	X	X	X
(19) A physician directed burn unit staffed by nursing personnel trained in burn care and equipped to care for extensively burned patients; <b>or</b> written transfer guidelines and agreements in accordance with the guidelines of the American Burn Association;	X	X	X	X	X
(20) A trauma rehabilitation coordinator to facilitate the trauma patient's access to rehabilitation services;	X	X	X		
(21) A designated trauma rehabilitation service; or written agreements to transfer patients to a designated trauma rehabilitation service when medically feasible.	X	X	X		

[Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-535, filed 12/10/03, effective 1/10/04.]

**WAC 246-976-540 Trauma service designation—Outreach, public education, provider education, and research.**

A facility with a designated trauma service must have:	LEVELS				
	I	II	III	IV	V
(1) An outreach program with telephone and on-site consultations with physicians of the community and outlying areas regarding trauma care;	X	X			
(2) A public education program addressing injury prevention or documentation of participation in regional injury prevention activities;	X	X	X		
(3) Training, including:	X				
(a) A formal program of continuing trauma care education for:	X	X			
(i) Staff physicians;	X	X			
(ii) Nurses;	X	X			
(iii) Allied health care professionals;	X	X			
(iv) Community physicians;	X	X			
(v) Prehospital personnel;	X	X			
(b) Residency programs accredited by the accreditation council of graduate medical education, with a commitment to training physicians in trauma management;	X				
(c) Make the facility available for initial and maintenance training of invasive manipulative skills for pre-hospital personnel;	X	X	X	X	
(4) A trauma research program.	X				

[Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-540, filed 12/10/03, effective 1/10/04.]

## WAC 246-976-620 Equipment standards for trauma service designation.

A facility with a designated trauma service must:	LEVELS							
	I	IP	II	IIP	III	IIIP	IV	V
(1) Have the following equipment, both adult and pediatric sizes in the emergency department (or resuscitation area for level V):								
(a) Airway control and ventilation equipment, including:								
(i) Airways;	X	X	X	X	X	X	X	X
(ii) Laryngoscopes, including curved and straight blades;	X	X	X	X	X	X	X	X
(iii) Endotracheal tubes, with stylets available;	X	X	X	X	X	X	X	X
(iv) Bag-valve-mask resuscitator;	X	X	X	X	X	X	X	X
(v) Pulse oximeter;	X	X	X	X	X	X	X	X
(vi) CO <sub>2</sub> measurement;	X	X	X	X	X	X	X	X
(vii) Sources of oxygen;	X	X	X	X	X	X	X	X
(viii) Ability to provide mechanical ventilation;	X	X	X	X	X	X		
(b) Suction devices, including:	X	X	X	X	X	X		
(i) Back-up suction source;	X	X	X	X	X	X	X	X
(ii) Suction catheters;	X	X	X	X	X	X	X	X
(iii) Tonsil tip suction (except level V clinics);	X	X	X	X	X	X	X	X
(c) Cardiac devices, including:								
(i) Cardiac monitor;	X	X	X	X	X	X	X	X
(ii) Defibrillator;	X	X	X	X	X	X	X	X
(iii) Electrocardiograph;	X	X	X	X	X	X	X	X
(iv) Portable cardiac monitor;	X	X	X	X	X	X	X	X
(v) Blood pressure cuffs;	X	X	X	X	X	X	X	X
(vi) Doppler device;	X	X	X	X	X	X	X	
(d) Intravenous supplies, including:								
(i) Standard intravenous fluids and administering devices, including:	X	X	X	X	X	X	X	X
(A) IV access devices;	X	X	X	X	X	X	X	X
(B) Intraosseous needles;	X	X	X	X	X	X	X	X
(C) Infusion control device;	X	X	X	X	X	X	X	X
(ii) Drugs and supplies necessary for adult and pediatric emergency care;	X	X	X	X	X	X	X	X
(e) Sterile surgical sets for standard emergency department procedures, including:								
(i) Thoracotomy set;	X	X	X	X	X	X	X	
(ii) Chest tubes with closed drainage devices (except level V clinics);	X	X	X	X	X	X	X	X
(iii) Emergency transcutaneous airway set (except level V clinics);	X	X	X	X	X	X	X	X
(iv) Peritoneal lavage set;	X	X	X	X	X	X		
(f) Nasogastric tubes (except level V clinics);	X	X	X	X	X	X	X	X
(g) Ability to provide thermal control equipment, including:								
(i) Patient warming capability (except level V clinics);	X	X	X	X	X	X	X	X
(ii) Blood and fluid warming capability (except level V clinics);	X	X	X	X	X	X	X	X
(iii) Expanded scale thermometer capable of detecting hypothermia (except level V clinics);	X	X	X	X	X	X	X	X
(h) Immobilization devices, including:								
(i) Cervical injury immobilization devices;	X	X	X	X	X	X	X	X
(ii) Long-bone immobilization devices, including traction splints; and	X	X	X	X	X	X	X	X
(iii) Backboard;	X	X	X	X	X	X	X	X
(i) Other equipment:								
(i) Urinary bladder catheters (except level V clinics);	X	X	X	X	X	X	X	X
(ii) Infant scale for accurate weight measurement under twenty-five pounds;	X	X	X	X	X	X	X	X
(iii) Medication chart, tape, or other system to assure ready access to information on proper doses-per-kilogram for resuscitation drugs and equipment sizes for pediatric patients;	X	X	X	X	X	X	X	X
(iv) Two-way radio linked with EMS/TC vehicles;	X	X	X	X	X	X	X	X

A facility with a designated trauma service must:	LEVELS							
	I	IP	II	IIP	III	IIIP	IV	V
(2) Have the following equipment, both adult and pediatric sizes, in the surgery department:								
(a) Cardiopulmonary bypass;	X	X						
(b) Ability to provide thermal control equipment for:								
(i) Patient warming and cooling;	X	X	X	X	X	X	X	
(ii) Blood and fluid warming;	X	X	X	X	X	X	X	
(c) Rapid infusion capability;	X	X	X	X	X	X	X	
(d) Autologous blood recovery and transfusion;	X	X	X	X	X	X		
(e) Ability to provide bronchoscopic capability in the operating room;	X	X	X	X	X	X		
(f) Ability to provide endoscopes;	X	X	X	X	X	X	X	
(g) Craniotomy set;	X	X	X	X				
(3) Have the following equipment, both adult and pediatric sizes, in the critical care unit:								
NOTE for level III pediatric: If your written scope of trauma service includes critical care services, then your service must meet the level II pediatric critical care equipment standards.						X		
NOTE for level IV: If your written scope of trauma service includes critical care services, then your service must meet the level III critical care equipment standards;							X	
(a) Airway control and ventilation devices, including:								
(i) Oral and nasopharyngeal airways;	X	X	X	X	X			
(ii) Laryngoscopes with curved and straight blades;	X	X	X	X	X			
(iii) Endotracheal tubes with stylets available;	X	X	X	X	X			
(iv) Bag-valve-mask resuscitators;	X	X	X	X	X			
(v) Ability to provide mechanical ventilator;	X	X	X	X	X			
(vi) Noninvasive oximetry and capnometry;	X	X	X	X	X			
(vii) Oxygen source with concentration controls;	X	X	X	X	X			
(b) Suction devices, including:								
(i) Suction machine;	X	X	X	X	X			
(ii) Suction catheters;	X	X	X	X	X			
(iii) Tonsil tip suction;	X	X	X	X	X			
(c) Cardiac devices, including:								
(i) Cardiac pacing capabilities;	X	X	X	X	X			
(ii) Electrocardiograph;	X	X	X	X	X			
(iii) Cardiac monitor with at least two pressure monitoring modules including cardiac output and hard copy recording and with capability to continuously monitor heart rate, respiratory rate, temperature;	X	X	X	X	X			
(iv) Defibrillator;	X	X	X	X	X			
(v) Portable transport monitor with ECG and pressure monitoring capability;	X	X	X	X	X			
(vi) Blood pressure cuffs;	X	X	X	X	X			
(vii) Doppler device;	X	X	X	X	X			
(viii) Noninvasive blood pressure machine;	X	X	X	X	X			
(d) Intravenous supplies, including:								
(i) Standard IV fluids and administration devices appropriate for pediatric patients including:	X	X	X	X	X			
(A) IV catheters;	X	X	X	X	X			
(B) Intraosseous needles;	X	X	X	X	X			
(C) Infusion sets and pumps with micro-infusion capabilities;	X	X	X	X	X			
(D) Infusion controllers;	X	X	X	X	X			
(ii) Adult and pediatric dosages/dilutions of medications;	X	X	X	X	X			
(e) Sterile surgical sets, including:	X	X	X	X	X			
(i) Thoracotomy set;	X	X	X	X	X			
(ii) Chest tubes;	X	X	X	X	X			
(iii) Emergency surgical airway sets;	X	X	X	X	X			
(iv) Peritoneal lavage set;	X	X	X	X	X			
(f) Intracranial pressure monitoring devices;	X	X	X	X				

A facility with a designated trauma service must:	LEVELS							
	I	IP	II	IIP	III	IIIP	IV	V
(g) Gastric supplies, including NG tubes;	X	X	X	X	X			
(h) Ability to provide thermal control equipment, including:								
(i) Patient warming and cooling devices;	X	X	X	X	X			
(ii) Blood and fluid warming device;	X	X	X	X	X			
(iii) Expanded scale thermometer capable of detecting hypothermia;	X	X	X	X	X			
(iv) Device for assuring warmth during transport;	X	X	X	X	X			
(i) Other equipment, including:								
(i) Ability to provide patient weighing devices;	X	X	X	X	X			
(ii) Cardiac emergency cart.	X	X	X	X	X			

[Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-620, filed 12/10/03, effective 1/10/04. Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-620, filed 1/29/98, effective 3/1/98.]

**WAC 246-976-750 Pediatric trauma service designation—Administration and organization.**

A facility with a designated pediatric trauma care service must have:	LEVELS		
	I	II	III
(1) A written scope of trauma service for pediatric trauma patients consistent with chapter 246-976 WAC, community needs and the approved regional plan. The written scope of trauma service must delineate the resources and capabilities available for pediatric trauma patient care twenty-four hours every day;	X	X	X
(2) A trauma service director responsible for organization and direction of the trauma service. The director must be a general surgeon with special competence in care of the injured child. The director may delegate duties to another physician with special competence in care of the injured child, but the director must maintain responsibility for the trauma service;	X	X	X
(3) A trauma service coordinator responsible for ongoing coordination of the trauma service. The coordinator must be a registered nurse with special competence in the care of the injured child;	X	X	X
(4) A multidisciplinary trauma committee chaired by the trauma service director with membership that reflects your written scope of pediatric trauma service. The multidisciplinary trauma committee must have responsibility and authority for establishing and changing trauma care policy and procedure and for conducting the trauma service quality improvement program in accordance with WAC 246-976-881;	X	X	X
(5) A full trauma team to provide initial evaluation, resuscitation and treatment. The full trauma team must include:	X	X	X

A facility with a designated pediatric trauma care service must have:	LEVELS		
	I	II	III
(a) A board-certified pediatric surgeon or general surgeon with special competence in care of the injured child, who organizes and directs the team and assumes responsibility for coordination of overall care of the trauma patient (for level I the surgeon must be at least a postgraduate year four resident);	X	X	X
(b) An emergency physician with special competence in pediatric care who is responsible for providing team leadership and care for the trauma patient until the arrival of the general surgeon in the resuscitation area;	X	X	X
(c) A board-certified pediatric physician. This requirement is met if a pediatric intensivist or a pediatric emergency physician or a pediatrician responds to the full trauma team activation (for level I the pediatric physician must be a least a postgraduate year two resident). This requirement is also met if the surgeon responder is a board-certified pediatric surgeon. The pediatric board-certified physician must be:	X	X	X
(i) Available within five minutes of team leader's request;	X		
(ii) On-call and available within twenty minutes of team leader's request;		X	
(iii) On-call and available within thirty minutes of team leader's request;			X
(d) The trauma service must identify all other members of the team to reflect your written scope of pediatric trauma service;	X	X	X
(6) A method for activating the trauma team as described is consistent with WAC 246-976-870;	X	X	X
(7) A written policy and procedures to divert patients to other designated trauma care services when the facility's resources are temporarily unavailable for trauma patient care. The policy must include:	X	X	X

	LEVELS		
	I	II	III
<b>A facility with a designated pediatric trauma care service must have:</b>			
(a) The facility and/or patient criteria used to decide when to divert a trauma patient;	X	X	X
(b) A process to coordinate trauma patient diversions with other area trauma services and prehospital agencies;	X	X	X
(c) A method for documenting trauma patient diversions including: Date, time, duration, reason, and decision maker;	X	X	X
(8) Interfacility transfer guidelines and agreements consistent with your written scope of trauma service and consistent with WAC 246-976-890;	X	X	X
(9) A heli-stop, landing zone, or airport located close enough to permit the facility to receive or transfer patients by fixed-wing or rotary-wing aircraft;	X	X	X
(10) Participation in the state trauma registry as required in WAC 246-976-430, with a person identified as responsible for coordination of trauma registry activities;	X	X	X
(11) A quality assurance program conducted by the multidisciplinary committee with special focus of pediatric patient care and consistent with WAC 246-976-881;	X	X	X
(12) Participation in the regional quality assurance program consistent with WAC 246-976-910.	X	X	X

[Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-750, filed 12/10/03, effective 1/10/04.]

**WAC 246-976-755 Pediatric trauma service designation—Basic resources and capabilities.**

	LEVELS		
	I	II	III
<b>A facility with a designated pediatric trauma service must have:</b>			
(1) An emergency department, including:	X	X	X
(a) An area designated for pediatric resuscitation;	X	X	X
(b) Written standards of care to ensure immediate and appropriate care for pediatric trauma patients;	X	X	X
(c) A physician director who:	X	X	X
(i) Is board-certified in emergency medicine, pediatric emergency medicine, surgery or other relevant specialty (or for level I, has documented experience as director of an emergency department which has been previously recognized as a level I trauma center either by a regional entity or as verified by the Committee on Trauma of the American College of Surgeons);	X	X	X
(ii) Is ATLS and ACLS trained, except this requirement does not apply to a physician board-certified in emergency medicine, pediatric emergency medicine or surgery; and	X	X	X

	LEVELS		
	I	II	III
<b>A facility with a designated pediatric trauma service must have:</b>			
(iii) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-887, except that this requirement does not apply to a physician board-certified in pediatric emergency medicine;	X	X	X
(d) Physicians who:	X	X	X
(i) Are board-certified in emergency medicine, or pediatric emergency medicine, or board-certified in a specialty and practicing emergency medicine as their primary practice with special competence in care of pediatric trauma patients; (level I only - this requirement may be met by a surgical resident postgraduate year two who is ATLS and ACLS trained, has completed the PER as defined in WAC 246-976-887, and is working under the direct supervision of the attending emergency physician, until the arrival of the surgeon to assume leadership of the trauma team);	X	X	
(ii) Have special competence in resuscitation, care and treatment of pediatric trauma patients;			X
(iii) Are available within five minutes of patient's arrival in the emergency department;	X	X	X
(iv) Are ATLS and ACLS trained, except this requirement does not apply to a physician board-certified in emergency medicine or pediatric emergency medicine;	X	X	X
(v) Have completed the PER as defined in WAC 246-976-887, except this requirement does not apply to a physician board-certified in pediatric emergency medicine;	X	X	X
(e) Registered nurses who:	X	X	X
(i) Are in the emergency department and available within five minutes of patient's arrival in the emergency department;	X	X	X
(ii) Have completed the PER as defined in WAC 246-976-887;	X	X	X
(iii) Have successfully completed a trauma life support course as defined in WAC 246-976-885;	X	X	X
(f) Equipment for resuscitation and life support of pediatric trauma patients, including equipment described in WAC 246-976-620;	X	X	X
(2) Radiological services, with:	X	X	X
(a) A radiologist on-call to interpret images within twenty minutes of notification of team activation;	X	X	
(b) A radiologist on-call to interpret images within thirty minutes of notification of team activation;			X
(c) A technician able to perform routine radiological capabilities available within:			
(i) Five minutes of notification of team activation;	X	X	

	LEVELS		
	I	II	III
<b>A facility with a designated pediatric trauma service must have:</b>			
(ii) Twenty minutes of notification of team activation;			X
(d) A technician able to perform computerized tomography and available within:			
(i) Five minutes of team leader's request;	X		
(ii) Twenty minutes of team leader's request;		X	X
(e) A technician on-call and available within twenty minutes of team leader's request, able to perform the following:			
(i) Angiography of all types;	X	X	
(ii) Sonography;	X	X	
(3) Respiratory therapy available within five minutes of notification of team activation;	X	X	X
(4) Clinical laboratory services, including:	X	X	X
(a) A clinical laboratory technologist available within five minutes of notification of team activation;	X	X	X
(b) Standard analysis of blood, urine, and other body fluids;	X	X	X
(c) Coagulation studies;	X	X	X
(d) Blood gases and pH determination;	X	X	X
(e) Serum and urine osmolality;	X	X	
(f) Microbiology;	X	X	X
(g) Serum alcohol determination;	X	X	X
(h) Drug or toxicology screening;	X	X	X
(5) Blood and blood-component services, including:	X	X	X
(a) Blood and blood components available from in-house or through community services, to meet patient needs;	X	X	X
(b) Noncrossmatched blood available on patient arrival in the emergency department;	X	X	X
(c) Ability to obtain blood typing and crossmatching;	X	X	X
(d) Policies and procedures for massive transfusion;	X	X	X
(e) Autotransfusion; and	X	X	X
(f) Blood storage capability;	X	X	X
(6) A surgery department, including:	X	X	X
(a) General surgery services, with:	X	X	X
(i) An attending, board-certified pediatric surgeon or board-certified general surgeon with special competence in pediatric care who is available within five minutes of notification of team activation. A postgraduate year four or above surgical resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until the arrival of the attending surgeon. In this case the attending surgeon must be available within twenty minutes of notification of team activation;	X		

	LEVELS		
	I	II	III
<b>A facility with a designated pediatric trauma service must have:</b>			
(ii) An attending, board-certified pediatric surgeon, or board-certified general surgeon with special competence in pediatric care, who is on-call and available within twenty minutes of notification of team activation;		X	
(iii) An attending general surgeon, with competence in pediatric care, on-call and available within thirty minutes of notification of team activation;			X
(iv) All general surgeons (and surgical residents for level I) who are responsible for care and treatment of trauma patients must:	X	X	X
(A) Be trained in ATLS, except this requirement does not apply to a physician board-certified in surgery or pediatric surgery;	X	X	X
(B) Have completed the PER as defined in WAC 246-976-887;	X	X	X
(C) Have specific delineation of trauma surgery privileges by the medical staff;	X	X	X
(b) Neurosurgical services with:	X		
(i) A neurosurgeon:	X		
(A) Available within five minutes of team leader's request. A postgraduate year four or above neurosurgery resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until arrival of the attending neurosurgeon. In this case the neurosurgeon must arrive within thirty minutes of team leader's request;	X		
(B) On-call and available within thirty minutes of team leader's request;		X	
(ii) Ability to provide acute and ongoing care for acute head and spinal cord injuries;	X	X	
(c) Ability to resuscitate and stabilize acute head and spinal cord injuries;			X
(d) A neurosurgeon on-call and available within thirty minutes of team leader's request; <b>or</b> written transfer guidelines and agreements for head and spinal cord injuries;			X
(e) The following surgical services on-call and available within thirty minutes as requested by the trauma team leader:			
(i) Cardiac surgery;	X		
(ii) Microsurgery;	X		
(iii) Obstetric surgery (or for level III, a plan to manage the pregnant trauma patient);	X	X	X
(iv) Orthopedic surgery;	X	X	
(v) Pediatric surgery;	X	X	
(vi) Thoracic surgery;	X	X	
(vii) Urologic surgery; and	X	X	
(viii) Vascular surgery;	X	X	

	LEVELS		
	I	II	III
<b>A facility with a designated pediatric trauma service must have:</b>			
(f) The following surgical services on-call for patient consultation or management:	X	X	X
(i) Gynecologic surgery;	X	X	
(ii) Ophthalmic surgery;	X	X	
(iii) Oral/maxillofacial or otorhinolaryngologic surgery;	X	X	
(iv) Plastic surgery;	X	X	
(v) Orthopedic surgery;			X
(7) Anesthesiology, with an anesthesiologist (or a certified registered nurse anesthetist for level III) who:	X	X	X
(a) Is available within five minutes of team leader's request;	X		
(b) Is available within twenty minutes of team leader's request;		X	
(c) Is available within thirty minutes of team leader's request;			X
(d) Is ACLS trained, except this requirement does not apply to a physician board-certified in anesthesiology;	X	X	X
(e) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-887;	X	X	X
(8) An operating room and a registered nurse or designee responsible for opening and preparing the operating room, available within five minutes of notification of team activation, with:	X	X	X
(a) Other essential personnel as identified by the trauma service on-call and available within twenty minutes of notification of team activation;	X	X	
(b) Other essential personnel as identified by the trauma service on-call and available within thirty minutes of notification of team activation;			X
(c) A written policy providing for mobilization of additional surgical teams for trauma patients; and	X	X	X
(d) Instruments and equipment appropriate for pediatric surgery, including equipment described in WAC 246-976-620;	X	X	X
(9) A postanesthetic recovery service with:			
(a) At least one registered nurse available twenty-four hours a day;	X		
(b) At least one registered nurse on-call and available twenty-four hours a day;		X	X
(c) Nurses ACLS trained;	X	X	X
(d) Nurses who have completed the PER as defined in WAC 246-976-887;	X	X	X
(10) A pediatric critical care service with:	X	X	
(a) A medical director who is board-certified in pediatrics, with sub-board certification in critical care and who is responsible for coordinating with the attending staff for the care of pediatric trauma patients;	X	X	

	LEVELS		
	I	II	III
<b>A facility with a designated pediatric trauma service must have:</b>			
(b) Patient isolation capacity;	X	X	
(c) A physician directed code team;	X	X	
(d) Pediatric critical care registered nurses, who have special competence in pediatric trauma care and who have completed the PER as defined in WAC 246-976-887;	X	X	
(e) Equipment as described in WAC 246-976-620;	X	X	
(11) A pediatric critical care service which meets requirements for a level II pediatric critical care service if critical care services are included in your written scope of trauma service (except the medical director must be board-certified in pediatrics or another relevant specialty with special competence in pediatric critical care), or written transfer guidelines and agreements for pediatric trauma patients requiring critical care services;			X
(12) Acute dialysis capability, or written transfer agreements for dialysis services;	X	X	X
(13) The following services on-call and available for pediatric patient consultation or management during the in-patient stay:	X	X	X
(a) Cardiology;	X	X	
(b) Gastroenterology;	X	X	
(c) General pediatrics;	X	X	X
(d) Hematology;	X	X	
(e) Infectious disease specialists;	X	X	
(f) Nephrology;	X	X	
(g) Pediatric neurology;	X	X	
(h) Pathology;	X	X	X
(i) Pulmonology; and	X	X	
(j) Psychiatry or a plan for management of the psychiatric trauma patient;	X	X	
(14) Written policy and procedures for access to ancillary services, specific for in-patient care of pediatric patients, including:	X	X	X
(a) Chemical dependency services;	X	X	X
(b) Child and adult protection services;	X	X	X
(c) Clergy or pastoral care;	X	X	X
(d) Nutritionist services;	X	X	X
(e) Pharmacy services, with pharmacist in-house;	X		
(f) Pharmacy services;		X	X
(g) Occupational therapy services;	X	X	X
(h) Pediatric therapeutic recreation/child life specialist;	X	X	
(i) Physical therapy services;	X	X	X
(j) Speech therapy services;	X	X	X
(k) Social services;	X	X	X
(l) Psychological services;	X	X	X
(15) Ability to resuscitate and stabilize burn patients;	X	X	X

A facility with a designated pediatric trauma service must have:	LEVELS		
	I	II	III
(16) A physician-directed burn unit staffed by nursing personnel trained in burn care and equipped to care for extensively burned patients; or written transfer guidelines and agreements in accordance with the guidelines of the American Burn Association;	X	X	X
(17) A trauma rehabilitation coordinator to facilitate the pediatric trauma patient's access to pediatric rehabilitation services;	X	X	X
(18) A designated pediatric trauma rehabilitation service; or written agreements to transfer patients to a designated trauma rehabilitation service when medically feasible.	X	X	X

[Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-755, filed 12/10/03, effective 1/10/04.]

**WAC 246-976-760 Pediatric trauma service designation—Outreach, public education, provider education, and research.**

A facility with a designated pediatric trauma service must have:	LEVELS		
	I	II	III
(1) An outreach program with telephone and on-site consultations with physicians of the community and outlying areas regarding pediatric trauma care;	X	X	
(2) A public education program addressing injury prevention or documentation of participation in regional injury prevention activities;	X	X	X
(3) Training, including:	X		
(a) A formal program of continuing trauma care education for:	X	X	
(i) Staff physicians;	X	X	
(ii) Nurses;	X	X	
(iii) Allied health care professionals;	X	X	
(iv) Community physicians; and	X	X	
(v) Prehospital personnel;	X	X	
(b) Residency programs accredited by the accreditation council of graduate medical education, with a commitment to training physicians in trauma management;	X		
(c) Make the facility available for initial and maintenance training of invasive manipulative skills for prehospital personnel;	X	X	X
(4) A trauma research program.	X		

[Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-760, filed 12/10/03, effective 1/10/04.]

**WAC 246-976-830 Designation standards for facilities providing level I trauma rehabilitation service.** (1) Level I trauma rehabilitation services shall:

(a) Treat trauma inpatients and outpatients, regardless of disability or level of severity or complexity, who are fifteen

years old or older. For adolescent trauma patients, the service shall consider whether educational goals, premorbid learning or developmental status, social or family needs and other factors indicate treatment in an adult or pediatric rehabilitation service;

(b) Have and retain accreditation by the commission on accreditation of rehabilitation facilities (CARF) for hospital-based comprehensive inpatient rehabilitation, category one;

(i) Abeyance or deferral status from CARF do not qualify an applicant for designation;

(ii) If the applicant holds one-year accreditation, the application for trauma care service designation shall include a copy of the CARF survey report and recommendations;

(c) House patients on a designated rehabilitation nursing unit;

(d) Provide a peer group for persons with similar disabilities;

(e) Be directed by a physiatrist who is in-house or on-call and responsible for rehabilitation concerns twenty-four hours every day;

(f) Have a diversion or transfer policy with protocols on an individual patient basis, based on the ability to manage that patient at that time;

(g) In addition to the CARF medical consultative service requirements, have the following medical services in-house or on-call twenty-four hours every day:

(i) Anesthesiology, with an anesthesiologist or certified registered nurse anesthetist (CRNA); and

(ii) Radiology;

(h) Provide rehabilitation nursing personnel twenty-four hours every day, with:

(i) Management by a registered nurse;

(ii) At least one certified rehabilitation registered nurse (CRRN) on duty each day and evening shift when a trauma patient is present;

(iii) A minimum of six clinical nursing care hours per patient day for each trauma patient;

(iv) The initial care plan and weekly update reviewed and approved by a CRRN; and

(v) An orientation and training program for all levels of rehabilitation nursing personnel;

(i) Provide the following health personnel and services twenty-four hours every day:

(i) Access to pharmaceuticals, with a pharmacist on-call and available for consultation, with capability to have immediate access to patient and pharmacy data bases, within five minutes of notification;

(ii) Personnel trained in intermittent urinary catheterization; and

(iii) Respiratory therapy;

(j) Provide the following trauma rehabilitation services with staff who are licensed, registered, or certified, and who are in-house or available for treatment every day when indicated in the rehabilitation plan:

(i) Occupational therapy;

(ii) Physical therapy;

(iii) Psychology, including:

(A) Neuropsychological services;

(B) Clinical psychological services, including testing and counseling; and

(C) Substance abuse counseling;

- (iv) Social services;
- (v) Speech/language pathology;
- (k) Provide the following services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:
  - (i) Communication augmentation;
  - (ii) Driver evaluation and training;
  - (iii) Orthotics;
  - (iv) Prosthetics;
  - (v) Rehabilitation engineering for device development and adaptations;
  - (vi) Therapeutic recreation; and
  - (vii) Vocational rehabilitation;
- (l) Provide the following diagnostic services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:
  - (i) Diagnostic imaging, including computerized tomography, magnetic resonance imaging, nuclear medicine, and radiology;
  - (ii) Electrophysiologic testing, to include:
    - (A) Electroencephalography;
    - (B) Electromyography;
    - (C) Evoked potentials;
  - (iii) Laboratory services; and
  - (iv) Urodynamic testing;
- (m) Serve as a regional referral center for patients in their geographical area needing only level II or III rehabilitation care;
- (n) Have an outreach program regarding trauma rehabilitation care, consisting of telephone and on-site consultations with physicians and other health care professionals in the community and outlying areas;
- (o) Have a formal program of continuing trauma rehabilitation care education, both in-house and outreach, provided for nurses and allied health care professionals;
- (p) Have an ongoing structured program to conduct clinical studies, applied research, or analysis in rehabilitation of trauma patients, and report results within a peer review process.
- (2) A level I trauma rehabilitation service shall:
  - (a) Have a quality assurance/improvement program in accordance with WAC 246-976-881;
  - (b) Participate in trauma registry activities as required in WAC 246-976-430;
  - (c) Participate in the regional trauma quality assurance program as required in WAC 246-976-910.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-830, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-830, filed 10/1/93, effective 11/1/93.]

**WAC 246-976-840 Designation standards for facilities providing level II trauma rehabilitation service.** (1) Level II trauma rehabilitation services shall:

- (a) Treat trauma inpatients and outpatients with any disability or level of severity or complexity within the service's capabilities as defined in (c) of this subsection, who are fifteen years old or older;
- (b) For adolescent trauma patients, the service shall consider whether educational goals, premorbid learning or developmental status, social or family needs, and other factors

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indicate treatment in an adult or pediatric rehabilitation service;

- (c) Delineate criteria for admission based on diagnosis and severity of impairment;
- (d) Have and retain accreditation by the commission on accreditation of rehabilitation facilities (CARF) for comprehensive inpatient rehabilitation, category one or two;
  - (i) Abeyance or deferral status do not qualify an applicant for designation;
  - (ii) If the applicant holds one-year accreditation, the application for trauma service designation shall include a copy of the CARF survey report and recommendations;
- (e) House patients on a designated rehabilitation nursing unit;
- (f) Provide a peer group for persons with similar disabilities;
- (g) Be directed by a psychiatrist who is responsible for rehabilitation concerns twenty-four hours every day;
- (h) Have a diversion or transfer policy with protocols on an individual patient basis, based on the ability to manage that patient at that time;
  - (i) In addition to the CARF medical consultative service requirements, provide the following medical services in-house or on-call twenty-four hours every day:
    - (i) Anesthesiology, with an anesthesiologist or certified registered nurse anesthetist (CRNA); and
    - (ii) Radiology;
  - (j) Provide rehabilitation nursing personnel twenty-four hours every day, with:
    - (i) Management by a registered nurse;
    - (ii) At least one certified rehabilitation registered nurse (CRRN) on duty one shift each day when a trauma patient is present;
      - (iii) A minimum of six clinical nursing care hours per patient day for each trauma patient;
    - (iv) The initial care plan and weekly update reviewed and approved by a CRRN; and
    - (v) An orientation and training program for all levels of rehabilitation nursing personnel;
  - (k) Provide the following health personnel and services twenty-four hours every day:
    - (i) Access to pharmaceuticals, with a pharmacist on-call and available for consultation, with capability to have immediate access to patient and pharmacy data bases, within five minutes of notification;
    - (ii) Personnel trained in intermittent urinary catheterization; and
    - (iii) Respiratory therapy;
- (l) Provide the following trauma rehabilitation services with staff who are licensed, registered, or certified, and who are in-house or available for treatment every day when indicated in the rehabilitation plan:
  - (i) Occupational therapy;
  - (ii) Physical therapy;
  - (iii) Psychology, including:
    - (A) Neuropsychological services;
    - (B) Clinical psychological services, including testing and counseling;
    - (C) Substance abuse counseling;
  - (iv) Social services;
  - (v) Speech/language pathology;

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(m) Provide the following services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

- (i) Communication augmentation;
- (ii) Driver evaluation and training;
- (iii) Orthotics;
- (iv) Prosthetics;
- (v) Rehabilitation engineering for device development and adaptations;
- (vi) Therapeutic recreation; and
- (vii) Vocational rehabilitation;

(n) Provide the following diagnostic services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

(i) Diagnostic imaging, including computerized tomography, magnetic resonance imaging, nuclear medicine, and radiology;

(ii) Electrophysiologic testing, to include:

- (A) Electroencephalography;
- (B) Electromyography; and
- (C) Evoked potentials;

(iii) Laboratory services;

(iv) Urodynamic testing;

(o) Have an outreach program regarding trauma rehabilitation care, consisting of telephone and on-site consultations with physicians and other health care professionals in the community and outlying areas;

(p) Have a formal program of continuing trauma rehabilitation care education, both in-house and outreach, provided for nurses and allied health care professionals.

(2) A level II trauma rehabilitation service shall:

(a) Have a quality assurance/improvement program in accordance with WAC 246-976-881;

(b) Participate in trauma registry activities as required in WAC 246-976-430;

(c) Participate in the regional trauma quality assurance program as required in WAC 246-976-910.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-840, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-840, filed 10/1/93, effective 11/1/93.]

**WAC 246-976-850 Designation standards for level III trauma rehabilitation service.** (1) Level III trauma rehabilitation services shall:

(a) Provide a community based program of coordinated and integrated outpatient trauma rehabilitation services, evaluation, and treatment to those persons with trauma-related functional limitations, who do not need or no longer require comprehensive inpatient rehabilitation. Services may be provided in, but not limited to, the following settings:

(i) Freestanding outpatient rehabilitation centers;

(ii) Organized outpatient rehabilitation programs in acute hospital settings;

(iii) Day hospital programs; and

(iv) Other community settings;

(b) Treat patients according to admission criteria based on diagnosis and severity;

(c) Be directed by a physician with training and/or experience necessary to provide rehabilitative physician services, acquired through one of the following:

(i) Formal residency in physical medicine and rehabilitation;

(ii) A fellowship in rehabilitation for a minimum of one year; or

(iii) A minimum of two years' experience in providing rehabilitation services for patients typically seen in CARF-accredited comprehensive inpatient categories one, two, and three;

(d) Provide the following trauma rehabilitation services by staff who are licensed, registered, or certified:

(i) Occupational therapy;

(ii) Physical therapy;

(iii) Social services;

(iv) Speech/language pathology;

(e) Provide or assist the patient to obtain the following as defined in the rehabilitation plan:

(i) Audiology;

(ii) Chaplaincy;

(iii) Dentistry;

(iv) Dietetics;

(v) Driver evaluation and training;

(vi) Education;

(vii) Nursing;

(viii) Orthotics;

(ix) Prosthetics;

(x) Psychology;

(xi) Rehabilitation engineering for device development and adaptations;

(xii) Respiratory therapy;

(xiii) Substance abuse counseling;

(xiv) Therapeutic recreation;

(xv) Vocational rehabilitation;

(2) A level III trauma rehabilitation service shall:

(a) Have a quality assurance/improvement program in accordance with WAC 246-976-881;

(b) Participate in trauma registry activities as required in WAC 246-976-430;

(c) Participate in the regional trauma quality assurance program established pursuant to WAC 246-976-910.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-850, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-850, filed 10/1/93, effective 11/1/93.]

**WAC 246-976-860 Designation standards for facilities providing level I pediatric trauma rehabilitation service.** (1) Level I pediatric rehabilitation services shall:

(a) Treat inpatients and outpatients, regardless of disability or level of severity or complexity, who are:

(i) Under fifteen years old; or

(ii) For adolescent trauma patients, determine whether educational goals, premorbid learning or developmental status, social or family needs, or other factors indicate treatment in an adult or pediatric setting.

(b) Have and retain accreditation by the commission on accreditation of rehabilitation facilities (CARF) for hospital-based comprehensive inpatient rehabilitation category one, including the additional designated pediatric program standards required to provide pediatric rehabilitative services;

(i) Abeyance or deferral status do not qualify an applicant for designation;

(ii) If the applicant holds one-year accreditation, the application for trauma care service designation shall include a copy of the CARF survey report and recommendations;

(c) House patients in a designated pediatric rehabilitation area, providing a pediatric milieu;

(d) Provide a peer group for persons with similar disabilities;

(e) Be directed by a physiatrist who is in-house or on-call and responsible for rehabilitation concerns twenty-four hours every day;

(f) Have a diversion or transfer policy with protocols on an individual patient basis, based on the ability to manage that patient at that time;

(g) In addition to the CARF medical consultative service requirements, have the following medical services in-house or on-call twenty-four hours every day:

(i) Anesthesiology, with an anesthesiologist or certified registered nurse anesthetist (CRNA);

(ii) A pediatrician;

(iii) Radiology;

(h) Provide rehabilitation nursing personnel twenty-four hours every day, with:

(i) Management by a registered nurse;

(ii) At least one certified rehabilitation registered nurse (CRRN) on duty each day shift and evening shift when a trauma patient is present;

(iii) A minimum of six clinical nursing care hours per patient day for each trauma patient;

(iv) All nursing personnel trained and/or experienced in pediatric rehabilitation;

(v) The initial care plan and weekly update reviewed and approved by a CRRN; and

(vi) An orientation and training program for all levels of rehabilitation nursing personnel;

(i) Provide the following health personnel and services twenty-four hours every day:

(i) Access to pharmaceuticals, with pharmacist in house;

(ii) Personnel trained in intermittent urinary catheterization; and

(iii) Respiratory therapy;

(j) Provide the following trauma rehabilitation services with staff who are licensed, registered, or certified, who are trained and/or experienced in pediatric rehabilitation, and who are in-house or available for treatment every day when indicated in the rehabilitation plan:

(i) Occupational therapy;

(ii) Physical therapy;

(iii) Psychology, including:

(A) Neuropsychological services;

(B) Clinical psychological services, including testing and counseling; and

(C) Substance abuse counseling;

(iv) Social services;

(v) Speech/language pathology;

(k) Provide the following services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

(i) Communication augmentation;

(ii) Educational component of the program appropriate to the disability and developmental level of the child, to

include educational screening, instruction, and discharge planning coordinated with the receiving school district;

(iii) Orthotics;

(iv) Play space, with supervision by a pediatric therapeutic recreation specialist or child life specialist, to provide assessment and play activities;

(v) Prosthetics;

(vi) Rehabilitation engineering for device development and adaptations;

(vii) Therapeutic recreation;

(l) Provide the following diagnostic services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

(i) Electrophysiologic testing, to include:

(A) Electroencephalography;

(B) Electromyography;

(C) Evoked potentials;

(ii) Diagnostic imaging, including computerized tomography, magnetic resonance imaging, nuclear medicine, and radiology;

(iii) Laboratory services; and

(iv) Urodynamic testing;

(m) Have an outreach program regarding pediatric trauma rehabilitation care, consisting of telephone and on-site consultations with physicians and other health care professionals in the community and outlying areas;

(n) Have a formal program of continuing pediatric trauma rehabilitation care education, both in-house and outreach, provided for nurses and allied health care professionals;

(o) Have an ongoing structured program to conduct clinical studies, applied research or analysis in rehabilitation of pediatric trauma patients, and report results within a peer-review process.

(2) A level I pediatric rehabilitation service shall:

(a) Have a quality assurance/improvement program in accordance with WAC 246-976-881;

(b) Participate in trauma registry activities as required in WAC 246-976-430;

(c) Participate in the regional trauma quality assurance program as required in WAC 246-976-910.

[Statutory Authority: Chapter 70.168 RCW. 98-19-107, § 246-976-860, filed 9/23/98, effective 10/24/98; 98-04-038, § 246-976-860, filed 1/29/98, effective 3/1/98; 93-20-063, § 246-976-860, filed 10/1/93, effective 11/1/93.]

#### **TRAUMA TEAM ACTIVATION, QUALITY ASSESSMENT, EDUCATIONAL REQUIREMENTS, AND TRANSFER GUIDELINES**

**WAC 246-976-870 Trauma team activation.** (1) The purpose of trauma team activation is to assure all personnel and resources necessary for optimal care of the trauma patient are available when the patient arrives in the emergency department. To assure optimal patient care:

(a) Patient status must be reported from the field by pre-hospital providers to the emergency department in the receiving trauma service;

(i) It is the responsibility of the prehospital providers to record all relevant information and report it to the receiving trauma service;

(ii) It is the responsibility of the receiving trauma service to request any relevant information that is not volunteered by the prehospital providers.

(b) The trauma service must use the prehospital information to determine activation of a trauma team and/or resources appropriate for the care of the patient.

(c) The presence of the general surgeon, when included in your written scope of trauma service, is necessary to direct resuscitation, to exercise professional judgment that immediate surgery is not indicated, as well as to perform surgery when it is indicated, and to direct patient transfer if necessary.

(2) A facility designated to provide trauma services must adopt and use a method for activating its full trauma team. The method must:

(a) Be based on patient information obtained from prehospital providers and other sources appropriate to the circumstances;

(b) Include mandatory presence of the general surgeon for levels I - III and for level IV if general surgery services are included in your written scope of trauma service (the surgeon must be at least a postgraduate year four for level I and II);

(c) Specify patient criteria for determining mandatory activation of the full trauma team;

(d) Be applied regardless of time postinjury or previous care, whether delivered by EMS or other means, and whether transferred from the scene or from another hospital;

(e) The method for activation of the full trauma team may include response by a neurosurgeon instead of a general surgeon when, based on prehospital information, the mechanism of injury clearly indicates isolated penetrating trauma to the brain;

(f) The trauma service must adopt a trauma quality improvement audit filter to monitor the appropriateness of and compliance with your full trauma team activation criteria.

(3) A facility designated to provide trauma services may adopt and use a method for activating a modified trauma team. The method must:

(a) Specify patient criteria for determining activation of the modified trauma team;

(b) Include a mechanism to upgrade the level of trauma team response to full based on newly acquired information;

(c) The trauma service must adopt a trauma quality improvement audit filter to monitor the appropriateness of and compliance with your modified trauma team activation criteria.

[Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-870, filed 12/10/03, effective 1/10/04. Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-870, filed 1/29/98, effective 3/1/98.]

**WAC 246-976-881 Trauma quality improvement programs for designated trauma care services.** (1) All designated levels I - V and pediatric levels I - III trauma services must have a quality assessment and improvement program conducted by the multidisciplinary trauma committee that reflects and demonstrates a process for continuous quality improvement consistent with your written scope of trauma service, with:

(a) An organizational structure that facilitates the process of quality assurance and improvement and identifies the

authority to change policies, procedures, and protocols that address the care of the trauma patient;

(b) Developments of standards of quality care;

(c) A process for monitoring compliance with or adherence to the standards;

(d) A process of peer review to evaluate specific cases or problems identified by the monitoring process;

(e) A process for correcting problems or deficiencies;

(f) A process to analyze and evaluate the effect of corrective action;

(g) A process to insure that confidentiality of patient and provider information is maintained according to the standards of RCW 70.41.200 and 70.168.090.

(2) Designated levels I and II trauma rehabilitation services and level I pediatric trauma rehabilitation services shall have a quality assessment and improvement program that reflects and demonstrates a process for continuous quality improvement in the delivery of trauma care, with:

(a) An organizational structure and plan that facilitates the process of quality assurance and improvement and identifies the authority to change policies, procedures, and protocols that address the care of the major trauma patient;

(b) Participation of members of the multidisciplinary trauma rehabilitation team, including involvement of the trauma rehabilitation coordinator of the referring acute trauma care service;

(c) Development of outcome standards;

(d) A process for monitoring compliance with or adherence to the outcome standards;

(e) A process of internal peer review to evaluate specific cases or problems identified by the outcome monitoring process;

(f) A process for implementing corrective action to address problems or deficiencies;

(g) A process to analyze and evaluate the effect of corrective action;

(h) A process to insure that confidentiality of patient and provider information is maintained according to the standards of RCW 70.41.200 and 70.168.090.

(3) A designated level III trauma rehabilitation service shall have an organized trauma rehabilitation quality assessment and improvement program that reflects and demonstrates a process for continuous quality improvement in the delivery of trauma care, with:

(a) A special audit process for rehabilitation trauma patients to identify the trauma rehabilitation outcome standards and indicators which monitor this program;

(b) A multidisciplinary team, to include the physician identified as responsible for coordination of rehabilitation trauma activities;

(c) A process to insure that confidentiality of patient and provider information is maintained according to the standards of RCW 70.41.200 and 70.168.090.

[Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-881, filed 12/10/03, effective 1/10/04. Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-881, filed 1/29/98, effective 3/1/98.]

**WAC 246-976-885 Educational requirements—Designated trauma care service personnel.** (1) To allow for timely and orderly establishment of the trauma system, the department shall consider that education requirements estab-

lished in this chapter for all personnel caring for trauma patients in a designated trauma care service, have been met if:

(a) At the time of initial designation, twenty-five percent of all personnel meet the education and training requirements defined in this chapter;

(b) At the end of the first year of designation, fifty percent of all personnel meet the education and training requirements defined in this chapter;

(c) At the end of the second year of designation, seventy-five percent of all personnel meet the education and training requirements defined in this chapter; and

(d) At the end of the third year of designation, and in all subsequent designation periods, ninety percent of all personnel meet the education and training requirements defined in this chapter.

(2) To meet the requirements for a trauma life support course:

(a) Emergency department registered nurses in levels I, II, III and IV trauma care services, and in levels I, II, and III pediatric trauma care services, shall have successfully completed a trauma nurse core course (TNCC), or a department-approved equivalent that includes a minimum of sixteen contact hours of trauma-specific education on the following topics:

- (i) Mechanism of injury;
- (ii) Shock and fluid resuscitation;
- (iii) Initial assessment;
- (iv) Pediatric trauma;
- (v) Stabilization and transport;

(b) Registered nurses in critical care units in level I or II trauma care services shall have successfully completed a minimum of eight contact hours of trauma-specific education;

(c) Registered nurses in critical care units in level III trauma care services shall have successfully completed a minimum of four contact hours of trauma-specific education;

(d) For level IV services, if your written scope of trauma service includes critical care for trauma patients, registered nurses in critical care units shall have successfully completed a minimum of four contact hours of trauma-specific education.

[Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-885, filed 12/10/03, effective 1/10/04. Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-885, filed 1/29/98, effective 3/1/98. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-885, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-886 Pediatric education requirements (PER) for nonpediatric designated facilities.** (1) In designated levels I, II, III, and IV general trauma care services emergency physicians and emergency RNs who are involved in the resuscitation and stabilization of pediatric trauma patients shall have PER, as provided in subsection (3) of this section, appropriate to their scope of trauma care.

(2) In designated levels I, II, and III general trauma care services general surgeons, anesthesiologists, CRNAs and PACU RNs who are involved in the resuscitation and stabilization of pediatric trauma patients shall have PER, as provided in subsection (3) of this section, appropriate to their scope of trauma care.

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(3) PER can be met by the following methods:

(a) One-time completion of pediatric advanced life support (PALS) or a substantially equivalent training course; or

(b) Current certification in ATLS; or

(c) Completion of a least five contact hours of pediatric trauma education during each designation period. PER contact hours will:

(i) Include the following topics:

(A) Initial stabilization and transfer of pediatric trauma;

(B) Assessment and management of pediatric airway and breathing;

(C) Assessment and management of pediatric shock, including vascular access;

(D) Assessment and management of pediatric head injuries;

(E) Assessment and management of pediatric blunt abdominal trauma;

(ii) Be accomplished through one or more of the following methods:

(A) Review and discussion of individual pediatric trauma cases within the trauma QA/QI program;

(B) Staff meetings;

(C) Classes, formal or informal;

(D) Web-based learning; or

(E) Other methods of learning which appropriately communicate the required topics listed in this section.

[Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-886, filed 12/10/03, effective 1/10/04. Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-886, filed 6/5/02, effective 7/6/02.]

**WAC 246-976-887 Pediatric education requirements (PER) for pediatric designated facilities.** (1) In designated levels I, II, III pediatric trauma care services emergency physicians, emergency RNs, general surgeons, pediatric intensivists, anesthesiologists, CRNAs, ICU RNs and PACU RNs who are involved in the resuscitation, stabilization and inpatient care of pediatric trauma patients shall have PER, as provided in subsection (2) of this section, appropriate to their scope of trauma care.

(2) PER can be met by the following methods:

(a) One-time completion of pediatric advanced life support (PALS) or a substantially equivalent training course; or

(b) Current certification in ATLS; or

(c) Completion of at least seven contact hours of pediatric trauma education during each designation period. PER contact hours will:

(i) Include the following topics:

(A) Initial stabilization and transfer of pediatric trauma;

(B) Assessment and management of pediatric airway and breathing;

(C) Assessment and management of pediatric shock, including vascular access;

(D) Assessment and management of pediatric head injuries;

(E) Assessment and management of pediatric blunt abdominal trauma;

(F) Pediatric sedation and analgesia;

(G) Complications of pediatric multiple system trauma;

(ii) Be accomplished through one or more of the following methods:

- (A) Review and discussion of individual pediatric trauma cases within the trauma QA/QI program;
- (B) Staff meetings;
- (C) Classes, formal or informal;
- (D) Web-based learning; or
- (E) Other methods of learning which appropriately communicate the required topics listed in this section.

[Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-887, filed 12/10/03, effective 1/10/04. Statutory Authority: Chapter 70.168 RCW. 02-12-107, § 246-976-887, filed 6/5/02, effective 7/6/02.]

### SYSTEM ADMINISTRATION

**WAC 246-976-890 Interhospital transfer guidelines and agreements.** Designated trauma services must:

- (1) Have written guidelines consistent with your written scope of trauma service to identify and transfer patients with special care needs exceeding the capabilities of the trauma service.
- (2) Have written transfer agreements with other designated trauma services. The agreements must address the responsibility of the transferring hospital, the receiving hospital, and the prehospital transport agency, including a mechanism to assign medical control during interhospital transfer.
- (3) Have written guidelines consistent with your written scope of trauma service to identify trauma patients who are transferred in from other facilities, whether admitted through the emergency department or directly into other hospital services.
- (4) Use verified prehospital trauma services for interfacility transfer of trauma patients.

[Statutory Authority: RCW 70.168.060 and 70.168.070. 04-01-041, § 246-976-890, filed 12/10/03, effective 1/10/04. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-890, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-890, filed 1/29/98, effective 3/1/98. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-890, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-910 Regional quality assurance and improvement program.** (1) The department will:

- (a) Develop guidelines for a regional EMS/TC system quality assurance and improvement program including:
  - (i) Purpose and principles of the program;
  - (ii) Establishing and maintaining the program;
  - (iii) Process;
  - (iv) Membership of the quality assurance and improvement program committee;
  - (v) Authority and responsibilities of the quality assurance and improvement program committee;
- (b) Review and approve written regional quality assurance and improvement plans;
- (c) Provide trauma registry data to regional quality assurance and improvement programs in the following formats:
  - (i) Quarterly standard reports;
  - (ii) Ad hoc reports as requested according to department guidelines.

(2) Levels I, II, and III, and Level I, II and III pediatric trauma care services must:

- (a) Establish, coordinate and participate in regional EMS/TC systems quality assurance and improvement programs;

(b) Ensure participation in the regional quality assurance and improvement program of:

- (i) Their trauma service director or codirector; and
- (ii) The RN who coordinates the trauma service;
- (c) Ensure maintenance and continuation of the regional quality assurance and improvement program.

(3) The regional quality assurance and improvement program committee must include:

- (a) At least one member of each designated facility's medical staff;
- (b) The RN coordinator of each designated trauma service;
- (c) An EMS provider.

(4) The regional quality assurance program must invite the MPD and all other health care providers and facilities providing trauma care in the region, to participate in the regional trauma quality assurance program.

(5) The regional quality assurance and improvement program may invite:

- (a) One or more regional EMS/TC council members;
- (b) A trauma care provider who does not work or reside in the region.

(6) The regional quality assurance and improvement program must include a written plan for implementation including:

- (a) Operational policies and procedures that detail committee actions and processes;
- (b) Audit filters for adult and pediatric patients;
- (c) Monitoring compliance with the requirements of chapter 70.168 RCW and this chapter;
- (d) Policies and procedures for notifying the department and the regional EMS/TC council of identified regional or statewide trauma system issues, and any recommendations;
- (e) Policies regarding confidentiality of:
  - (i) Information related to provider's and facility's clinical care, and patient outcomes, in accordance with chapter 70.168 RCW;
  - (ii) Quality assurance and improvement committee minutes, records, and reports in accordance with RCW 70.168.090(4), including a requirement that each attendee of a regional quality assurance and improvement committee meeting is informed in writing of the confidentiality requirement. Information identifying individual patients may not be publicly disclosed without the patient's consent.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-910, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-910, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-920 Medical program director.** (1) The MPD must:

- (a) Be knowledgeable in the administration and management of prehospital emergency medical care and services;
- (b) Provide medical control and direction of EMS/TC certified personnel in their medical duties, by oral or written communication;

(c) Develop and adopt written prehospital patient care protocols to direct EMS/TC certified personnel in patient care. These protocols may not conflict with regional patient care procedures or with the authorized care of the certified prehospital personnel as described in WAC 246-976-182;

(d) Establish protocols for storing, dispensing, and administering controlled substances, in accordance with state and federal regulations and guidelines;

(e) Participate with the local and regional EMS/TC councils and emergency communications centers to develop and revise regional patient care procedures;

(f) Participate with the local and regional EMS/TC councils to develop and revise regional plans and make timely recommendations to the regional council;

(g) Work within the parameters of the approved regional patient care procedures and the regional plan;

(h) Supervise training of all EMS/TC certified personnel;

(i) Develop protocols for special training described in WAC 246-976-021(5);

(j) Periodically audit the medical care performance of EMS/TC certified personnel;

(k) Recommend to the department certification, recertification, or denial of certification of EMS/TC personnel;

(l) Recommend to the department disciplinary action to be taken against EMS/TC personnel, which may include modification, suspension, or revocation of certification;

(m) Recommend to the department individuals applying for recognition as senior EMS instructors.

(2) In accordance with department policies and procedures, the MPD may:

(a) Delegate duties to other physicians, except for duties described in subsection (1)(c), (k), and (l) of this section. The delegation must be in writing;

(i) The MPD must notify the department in writing of the names and duties of individuals so delegated, within fourteen days;

(ii) The MPD may remove delegated authority at any time, which shall be effective upon written notice to the delegate and the department;

(b) Delegate duties relating to training, evaluation, or examination of certified EMS/TC personnel, to qualified nonphysicians. The delegation must be in writing;

(c) Enter into EMS/TC medical control agreements with other MPDs;

(d) Recommend denial of certification to the department for any applicant the MPD can document is unable to function as an EMS provider, regardless of successful completion of training, evaluation, or examinations; and

(e) Utilize examinations to determine the knowledge and abilities of IV technicians, airway technicians, intermediate life support technicians, or paramedics prior to recommending applicants for certification or recertification.

(3) The department may withdraw the certification of an MPD for failure to comply with the Uniform Disciplinary Act (chapter 18.130 RCW) and other applicable statutes and regulations.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-920, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-920, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-930 General responsibilities of the department.** In addition to the requirements described in chapters 18.71, 18.73, and 70.168 RCW, and elsewhere in this chapter:

(2005 Ed.)

(1) The department shall review, recommend changes to, and approve regional plans and regional patient care procedures based on the requirements of this chapter and recommendations from the steering committee, and upon consideration of the needs of patients.

(a) The department may approve regional plans which include standards that are consistent with chapter 70.168 RCW and other state and federal laws, but which exceed the requirements of this chapter.

(b) The department will develop a process for biennial update of regional and statewide planning. The process will include provisions to amend regional plans between biennial updates.

(2) The department will publish prehospital trauma triage procedures for activation of the trauma system from the field. The procedures will include assessment of the patient's:

(a) Vital signs and level of consciousness;

(b) Anatomy of injury;

(c) Biomechanics of the injury; and

(d) Comorbid and associated risk factors.

(3) The department may approve pilot programs and projects which have:

(a) Stated objectives;

(b) A specified beginning and ending date;

(c) An identified way to measure the outcome;

(d) A review process;

(e) A work plan with a time line;

(f) If training of EMS personnel is involved, consistency with the requirements of WAC 246-976-021(5).

(4) The department will review at least every four years:

(a) Rules, policies, and standards for EMS, with the advice of the steering committee;

(b) Rules and standards for licensure of services and vehicles, and for certification of EMS personnel, with the advice of the L&C committee.

[Statutory Authority: Chapters 18.71 and 18.73 RCW. 04-08-103, § 246-976-930, filed 4/6/04, effective 5/7/04. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-930, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-930, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-935 Emergency medical services and trauma care system trust account.** RCW 70.168.040 establishes the emergency medical services and trauma care system trust account. With the advice of the EMS/TC steering committee, the department will develop a method to budget and distribute funds in the trust account. The department may use an injury severity score to define a major trauma patient. Initially, the method and budget will be based on the department's *Trauma Care Cost Reimbursement Study, final report (October 1991)*. The committee and the department will review the method and the budget at least every two years.

(1) Definitions: The following phrases used in this section mean:

(a) "Needs grant" is a trust account payment that is based on a demonstrated need to develop and maintain service that meets the trauma care standards of chapter 70.168 RCW and this chapter. Needs grants are awarded to verified trauma care ambulance or aid services. Services must be able to show that

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they have looked for other resources without success before they will be considered for a needs grant.

(b) "Participation grant" refers to a trust account payment designed to compensate the recipient for participation in the state's comprehensive trauma care system. These grants are intended as a tool for assuring access to trauma care. Participation grants are awarded to:

- (i) Verified trauma care ambulance or aid services;
- (ii) Designated trauma care services; and
- (iii) Designated trauma rehabilitation services.

(2) The department will distribute trust account funds to:

- (a) Verified trauma care ambulance and aid services;
- (b) Designated trauma care services:

- (i) Levels I-V general; and
- (ii) Levels I-III pediatric;
- (c) Designated trauma rehabilitation services:
  - (i) Levels I-III; and
  - (ii) Level I-pediatric.

(3) The department's distribution method for verified trauma care ambulance and aid services will include at least:

(a) Participation grants, which will be awarded once a year to services that comply with verification standards;

(b) Needs grants, based on the service's ability to meet the standards of chapter 70.168 RCW and chapter 246-976 WAC (this chapter). The department may consider:

- (i) Level of service (BLS, ILS, ALS);
- (ii) Type of service (aid or ambulance);
- (iii) Response area (rural, suburban, urban, wilderness);
- (iv) Volume of service;
- (v) Other factors that relate to trauma care;

(4) The department's distribution method for designated trauma care services will include:

(a) Participation grants to levels I-V general and I-III pediatric, which will be awarded once a year only to services that comply with designation standards. The department will review the compliance requirements annually. The department may consider:

- (i) Level of designation;
- (ii) Service area (rural, suburban, urban, wilderness);
- (iii) Volume of service;
- (iv) The percentage of uncompensated major trauma care;

(v) Other factors that relate to trauma care;

(b) Trauma care grants, which will be awarded once a year to level I-III designated acute trauma services to subsidize uncompensated trauma care costs. To be eligible for the grants, trauma services must comply with Washington state's DOH trauma registry requirements per WAC 246-976-420 through 246-976-430 including submission of complete financial data and injury coding data. The grants will be calculated by multiplying a hospital's bad debt and charity care ratio times the sum of injury severity scores (ISS) for a specific period. The results for all eligible trauma services are summed, and each trauma service will receive a proportionate share of the available uncompensated trauma care grant allocation based on their percentage of the overall total. The bad debt and charity care ratio is calculated by summing a hospital's bad debt and charity care figures divided by the hospital's total patient revenue for the same period. These figures are from annual financial data reported to the department

per chapters 246-453 and 246-454 WAC. Injury severity scores are extracted from trauma registry data for cases that:

(i) Meet the trauma registry inclusion criteria per WAC 246-976-420; and

(ii) Are admitted with an ISS of thirteen or greater for adults, nine or greater for pediatric patients less than fifteen years of age, or trauma patients received in transfer regardless of the ISS.

(c) Trauma care grants, which will be awarded once a year to designated acute trauma services levels IV, V, and/or critical access hospitals (CAH) to subsidize their costs for providing care to the trauma patients, and for stabilizing and transferring major trauma patients. The individual grant amounts are based on designation level.

(5) The department may issue grants to DOH-certified medical program directors (MPD) for their role in the EMS/TCS as described in WAC 246-976-920.

(6) The department's distribution method for designated trauma rehabilitation services, levels I-III and I-pediatric will include at least:

Participation grants, which will be awarded once a year only to services that comply with designation standards. The department will review the compliance requirements annually. The department may consider:

- (a) Level of designation;
- (b) Volume of service;
- (c) Other factors that relate to trauma care.

[Statutory Authority: Chapter 70.168 RCW. 04-12-126, § 246-976-935, filed 6/2/04, effective 7/3/04. Statutory Authority: RCW 70.168.040. 02-04-045, § 246-976-935, filed 1/29/02, effective 3/1/02. Statutory Authority: Chapter 70.168 RCW. 98-05-035, § 246-976-935, filed 2/10/98, effective 3/13/98.]

**WAC 246-976-940 Steering committee.** In addition to the requirements of chapter 70.168 RCW and elsewhere in this chapter, the EMS/TC steering committee will:

(1) Review and comment on the department's rules, policies, and standards;

(2) Review and comment on the department's budget for the EMS/TC system at least biennially;

(3) Periodically review and recommend changes to:

- (a) The department's prehospital triage procedures;
- (b) Regional patient care procedures;
- (c) Regional plans; and
- (d) Interfacility transfer guidelines.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-940, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-940, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-950 Licensing and certification committee.** In addition to the requirements of RCW 18.73.050, the licensing and certification committee will review and comment biennially on the department's EMS/TC rules and standards pertaining to licensure of vehicles and services, verification of services, and to certification of individuals.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-950, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-950, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-960 Regional emergency medical services and trauma care councils.** (1) In addition to meeting the requirements of chapter 70.168 RCW and elsewhere in this chapter, regional EMS/TC councils must:

(a) Identify and analyze system trends to evaluate the EMS/TC system and its component subsystems, using trauma registry data provided by the department;

(b) Develop and submit to the department regional EMS/TC plans to:

(i) Identify the need for and recommend distribution and level of care (basic, intermediate or advanced life support) for verified aid and ambulance services for each response area. The recommendations will be based on criteria established by the department relating to agency response times, geography, topography, and population density;

(ii) Identify EMS/TC services and resources currently available within the region;

(iii) Describe how the roles and responsibilities of the MPD are coordinated with those of the regional EMS/TC council and the regional plan;

(iv) Describe and recommend improvements in medical control communications and EMS/TC dispatch, with at least the elements of the state communication plan described in RCW 70.168.060 (1)(h);

(v) Include a schedule for implementation.

(2) In developing or modifying its plan, the regional council must seek and consider the recommendations of:

(a) Local EMS/TC councils;

(b) EMS/TC systems established by ordinance, resolution, interlocal agreement or contract by counties, cities, or other governmental bodies.

(3) In developing or modifying its plan, the regional council must use regional and state analyses provided by the department based on trauma registry data and other appropriate sources;

(4) Approved regional plans may include standards, including response times for verified services, which exceed the requirements of this chapter.

(5) An EMS/TC provider who disagrees with the regional plan may bring its concerns to the steering committee before the department approves the plan.

(6) The regional council must adopt regional patient care procedures as part of the regional plans. In addition to meeting the requirements of RCW 18.73.030(14) and 70.168.015 (23):

(a) For all emergency patients, regional patient care procedures must identify:

(i) Guidelines for rendezvous with agencies offering higher levels of service if appropriate and available, in accordance with the regional plan.

(ii) The type of facility to receive the patient, as described in regional patient destination and disposition guidelines.

(iii) Procedures to handle types and volumes of trauma that may exceed regional capabilities, taking into consideration resources available in other regions and adjacent states.

(b) For major trauma patients, regional patient care procedures must identify procedures to activate the trauma system.

(7) In areas where no local EMS/TC council exists, the regional EMS/TC council shall:

(a) Make recommendations to the department regarding appointing members to the regional EMS/TC council;

(b) Review applications for initial training classes and OTEP programs, and make recommendations to the department.

(8) Matching grants made under the provisions of chapter 70.168 RCW may include funding to:

(a) Develop, implement, and evaluate prevention programs; or

(b) Accomplish other purposes as approved by the department.

[Statutory Authority: RCW 18.73.081 and 70.168.120. 02-14-053, § 246-976-960, filed 6/27/02, effective 7/28/02. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-960, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-960, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-970 Local emergency medical services and trauma care councils.** (1) If a county or group of counties creates a local EMS/TC council, it must be composed of representatives of hospital and prehospital trauma care and EMS providers, local elected officials, consumers, local law enforcement officials, local government agencies, physicians, and prevention specialists involved in the delivery of EMS/TC.

(2) In addition to meeting the requirements of chapter 70.168 RCW and this chapter, local EMS/TC councils must:

(a) Participate with the MPD and emergency communication centers in making recommendations to the regional council about the development of regional patient care procedures; and

(b) Review applications for initial training classes and OTEP programs, and make recommendations to the department.

(3) Local EMS/TC councils may make recommendations to the department regarding certification and termination of MPDs, as provided in RCW 18.71.205(4).

[Statutory Authority: RCW 18.73.081 and 70.168.120. 02-14-053, § 246-976-970, filed 6/27/02, effective 7/28/02. Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-970, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-970, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-990 Fees and fines.** (1) The department shall assess individual health care facilities submitting a proposal to be designated as a level I general trauma care facility a fee, not to exceed seven thousand dollars, to help defray the costs to the department of inspections and review of applications.

(2) The department shall assess individual health care facilities submitting a proposal to be designated as a level II general trauma care facility a fee, not to exceed six thousand dollars, to help defray the costs to the department of inspections and review of applications.

(3) The department shall assess individual health care facilities submitting a proposal to be designated as a level III general trauma care facility a fee, not to exceed one thousand nine hundred fifty dollars, to help defray the costs to the department of inspections and review of applications.

(4) The department shall assess individual health care facilities submitting a proposal to be designated as a level I pediatric trauma care facility a fee, not to exceed nine thousand two hundred dollars, to help defray the costs to the department of inspections and review of applications.

(5) The department shall assess individual health care facilities submitting a proposal to be designated as a level II pediatric trauma care facility a fee, not to exceed eight thousand dollars, to help defray the costs to the department of inspections and review of applications.

(6) The department shall assess individual health care facilities submitting a proposal to be designated as a level III pediatric trauma care facility a fee, not to exceed two thousand dollars, to help defray the costs to the department of inspections and review of applications.

(7) The department shall assess health care facilities submitting a joint proposal to be jointly designated as a level I general or pediatric trauma care facility a fee, of at least seven thousand dollars, and based upon a determined hourly rate and per diem expense per inspection team member, not to exceed fourteen thousand five hundred dollars to help defray the costs to the department of inspections and review of applications.

(8) The department shall assess health care facilities submitting a joint proposal to be jointly designated as a level II general or pediatric trauma care facility a fee, of at least six thousand dollars, and based upon a determined hourly rate and per diem expense per inspection team member, not to exceed twelve thousand five hundred dollars to help defray the costs to the department of inspections and review of applications.

(9) The department shall assess health care facilities submitting a joint proposal to be jointly designated as a level III general or pediatric trauma care facility a fee, of at least one thousand nine hundred fifty dollars, and based upon a determined hourly rate and per diem expense per inspection team member, not to exceed three thousand one hundred dollars to help defray the costs to the department of inspections and review of applications.

(10) The department shall assess health care facilities submitting a proposal to be designated at multiple levels to provide adult and pediatric care a fee, not to exceed nine thousand two hundred dollars to help defray the costs to the department of inspections and review of applications.

(11) The department shall not assess such fees to health care facilities applying to provide level IV and V trauma care services.

(12) If an ambulance or aid service fails to comply with the requirements of chapters 18.71, 18.73, 70.168 RCW, the Uniform Disciplinary Act, or with the requirements of this chapter, the department may notify the appropriate local, state or federal agencies.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-990, filed 4/5/00, effective 5/6/00. Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-990, filed 10/1/93, effective 11/1/93. Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-990, filed 12/23/92, effective 1/23/93.]