



# PROPOSED RULE MAKING

## CR-102 (June 2012)

(Implements RCW 34.05.320)

Do NOT use for expedited rule making

Agency: State Board of Health

- Preproposal Statement of Inquiry was filed as WSR ; or
- Expedited Rule Making--Proposed notice was filed as WSR ; or
- Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).

- Original Notice
- Supplemental Notice to WSR
- Continuance of WSR

**Title of rule and other identifying information:** (Describe Subject)

WAC 246-100-021 Responsibilities and duties-Health care providers; WAC 246-100-036 Responsibilities and duties-Local health officers; WAC 246-138-030 What are the duties and responsibilities of the local health department; WAC 246-215-02245 Employee health-Removal of exclusion or restriction based on diagnosis. Each of these rules includes an outdated reference to the Control of Communicable Diseases Manual.

**Hearing location(s):** Department of Health  
Point Plaza East , Room 152/ 153  
310 Israel Road SE  
Tumwater, WA 98501

Date: January 14, 2015

Time: 1:30 PM

**Submit written comments to:**

Name: David DeLong  
Address: PO Box 47990  
Olympia WA 98504-7990

e-mail: <http://www3.doh.wa.gov/policyreview/>  
fax (360)236-4088 by (date) 01/05/2015

**Assistance for persons with disabilities:** Contact

Melanie Hisaw by 01/05/2015

TTY (800) 833-6388 or () 711

**Date of intended adoption:** 01/14/2015

(Note: This is NOT the effective date)

**Purpose of the proposal and its anticipated effects, including any changes in existing rules:**

The purpose of the proposed rule change is to update references to the Control of Communicable Disease Manual, as published by the American Public Health Association. As a result the State Board of Health's (board) rules will reflect national, best current practices for infectious disease control. The proposal will also clarify the board's intent to encourage local health jurisdictions to establish interagency agreements in advance of health emergencies so that disease control measures may be more easily and uniformly implemented.

**Reasons supporting proposal:**

The Communicable Disease Control Manual is a document that local health officials and health care providers refer to in response to infectious disease. Some of the board's rules reference older manuals that may not provide the most up to date information regarding the occurrence, transmission, resistance and control of infectious diseases. Updating the reference will assure the board's rules reflect national, current best practice regarding infectious disease control.

**Statutory authority for adoption:**

RCW 43.20.050

**Statute being implemented:**

RCW 43.20.050

**Is rule necessary because of a:**

- Federal Law?  Yes  No
  - Federal Court Decision?  Yes  No
  - State Court Decision?  Yes  No
- If yes, CITATION:

DATE 12/01/2014

NAME (type or print)

Michelle A. Davis

SIGNATURE

TITLE

Executive Director

**CODE REVISER USE ONLY**

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

DATE: **December 01, 2014**

TIME: **4:38 PM**

WSR **14-24-093**

**Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:**

None.

**Name of proponent:** (person or organization) Washington State Board of Health

- Private  
 Public  
 Governmental

**Name of agency personnel responsible for:**

Name	Office Location	Phone
Drafting..... David DeLong	State Board of Health, 101 Israel Rd SE, Tumwater. WA 98501	360-236-4111
Implementation....David DeLong	State Board of Health, 101 Israel Rd SE, Tumwater. WA 98501	360-236-4111
Enforcement.....David DeLong	State Board of Health, 101 Israel Rd SE, Tumwater. WA 98501	360-236-4111

**Has a small business economic impact statement been prepared under chapter 19.85 RCW or has a school district fiscal impact statement been prepared under section 1, chapter 210, Laws of 2012?**

Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:

Name:

Address:

phone

fax

e-mail

No. Explain why no statement was prepared.

A small business economic impact statement was not prepared. The proposed rule would not impose more than minor costs on businesses in an industry.

**Is a cost-benefit analysis required under RCW 34.05.328?**

Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name:

Address:

phone

fax

e-mail

No: Please explain: The agency did not complete a cost benefit analysis under RCW 34.05.328. RCW 34.05.328(5)(b)(iii) exempts rules that adopt or incorporate by reference without material change federal statutes or regulations, Washington state law, the rules of other Washington state agencies, or national consensus codes that generally establish industry standards, if the material adopted or incorporated regulates the same subject matter and conduct as the adopting or incorporating rule.

**WAC 246-138-030 What are the duties and responsibilities of the local health department?** Local health departments, during regular hours of operation shall:

(1) Determine whether the good samaritan has sustained an exchange of bodily fluids significantly increasing the odds of being exposed to a deadly infectious disease;

(2) Determine which certain infectious diseases or other infectious diseases are appropriate to test for, which tests should be done and when the tests should be done, based on the nature and time of the exchange of bodily fluids significantly increasing the odds of being exposed to a deadly infectious disease and the natural history of infection for the diseases in question;

(3) Offer counseling and testing, consistent with recommendations in the (~~sixteenth edition 1995 of~~) *Control of Communicable Diseases Manual*, (~~edited by Abram S. Benenson~~) the 20th edition, published by the American Public Health Association, for those infectious diseases to which the good samaritan is determined to have sustained an exchange of bodily fluids significantly increasing the odds of being exposed to a deadly infectious disease;

(4) Obtain the informed consent of the good samaritan prior to testing;

(5) Provide the good samaritan with the results of the testing and the possible need for retesting;

(6) Refer the good samaritan to an appropriate health care provider for any subsequent needed care in the event of a positive test; and

(7) Maintain the confidentiality of those medical records as required by chapters 70.24 RCW and 246-100 WAC.

AMENDATORY SECTION (Amending WSR 00-23-120, filed 11/22/00, effective 12/23/00)

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

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

(a) Each patient with a communicable disease under his or her care; and

(b) Others as appropriate to prevent spread of disease.

(2) Cooperate with public health authorities during investigation of:

(a) Circumstances of a case or suspected case of a notifiable condition or other communicable disease; and

(b) An outbreak or suspected outbreak of illness.

Comply with requirements in WAC 246-100-206, 246-100-211, and chapter 246-101 WAC.

(3) Use protocols established in the Control of Communicable Diseases Manual, ((seventeenth edition, James Chin, MD, MPH, editor, 2000)) the 20th edition, published by the American Public Health Association, when treating wounds caused by animal bites. A copy of this publication is available for review at the department and at each local health department.

AMENDATORY SECTION (Amending WSR 03-17-022, filed 8/13/03, effective 9/13/03)

**WAC 246-100-036 Responsibilities and duties—Local health officers.** (1) The local health officer shall establish, in consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, and any other entity he or she deems necessary, plans, policies, and procedures for instituting emergency measures necessary to prevent the spread of communicable disease or contamination.

(2) Local health officers shall:

(a) Notify health care providers within the health district regarding requirements in this chapter;

(b) Ensure anonymous HIV testing is reasonably available;

(c) Make HIV testing, AIDS counseling, and pretest and post-test counseling, as defined in this chapter, available for voluntary, mandatory, and anonymous testing and counseling as required by RCW 70.24.400;

(d) Make information on anonymous HIV testing, AIDS counseling, and pretest and post-test counseling, as described under WAC 246-100-208 and 246-100-209, available;

(e) Use identifying information on HIV-infected individuals provided according to chapter 246-101 WAC only:

(i) For purposes of contacting the HIV-positive individual to provide test results and post-test counseling; or

(ii) To contact persons who have experienced substantial exposure, including sex and injection equipment-sharing partners, and spouses; or

(iii) To link with other name-based public health disease registries when doing so will improve ability to provide needed care services and counseling and disease prevention; and

(f) Destroy documentation of referral information established in WAC 246-100-072 and this subsection containing identities and identifying information on HIV-infected individuals and at-risk partners of those individuals immediately after notifying partners or within three months, whichever occurs first.

(3) Local health officers shall, when necessary, conduct investigations and institute disease control and contamination control measures, including medical examination, testing, counseling, treatment, vaccination, decontamination of persons or animals, isolation, quarantine, vector control, condemnation of food supplies, and inspection and closure of facilities, consistent with those indicated in the ((17th edition, 2000 of the)) *Control of Communicable Disease Manual, the 20th edition*, published by the American Public Health Association, or other measures he or she deems necessary based on his or her professional judgment, current standards of practice and the best available medical and scientific information.

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

AMENDATORY SECTION (Amending WSR 13-03-109, filed 1/17/13, effective 5/1/13)

**WAC 246-215-02245 Employee health—Removal of exclusion or restriction based on diagnosis.** Except as specified under WAC 246-215-02250, the PERSON IN CHARGE shall obtain approval from the LOCAL HEALTH OFFICER before reinstating a FOOD EMPLOYEE who was RESTRICTED or EXCLUDED based on:

(1) The (~~19th edition of the~~) *Control of Communicable Disease Manual*, the 20th edition, published by the American Public Health Association; or

(2) Other measures the LOCAL HEALTH OFFICER deems necessary based on his or her professional judgment, current standards of practice and the best available medical and scientific information.