

WAC 246-100-011 Definitions. The definitions in this section apply throughout chapter 246-100 WAC unless the context clearly requires otherwise:

~~(1) "Acquired immunodeficiency syndrome (AIDS)" means illness, disease, or conditions defined and described by the Centers for Disease Control, U.S. Public Health Service, Morbidity and Mortality Weekly Report (MMWR), April 11, 2014, Volume 63, Number RR-03. A copy of this publication is available for review at the department and at each local health department.~~

~~(2) "HIV counseling" means counseling directed toward:~~

- ~~(a) Increasing the individual's understanding of acquired immunodeficiency syndrome; and~~
- ~~(b) Assessing the individual's risk of HIV acquisition and transmission; and~~
- ~~(c) Affecting the individual's behavior in ways to reduce the risk of acquiring and transmitting HIV infection.~~

(13) "Anonymous HIV testing" means that the name or identity of the ~~person~~individual tested for HIV will not be recorded or linked to the HIV test result. ~~However, once the~~

~~individual testing positive receives HIV health care or treatment services, reporting of the identity of the individual to the state or local public health officer is required.~~

(2) "Blood-borne pathogen" means a pathogenic microorganism that is present in human blood and can cause disease in humans, including hepatitis B virus, hepatitis C virus, human immunodeficiency virus, and syphilis.

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

(45) "Case" means a person, alive or dead, having been diagnosed to have a particular disease or condition by a health care provider with diagnosis based on clinical criteria, or laboratory criteria, or both.

~~(6) "Child day care facility" means an agency regularly providing care for a group of children for less than twenty-four hours a day and subject to licensing under chapter 74.15 RCW.~~

(67) "Communicable disease" means an illness caused by an infectious agent ~~which~~ that can be transmitted from ~~one a~~ a person, animal, or object to ~~another a~~ a person by direct or indirect means including, but not limited to, transmission via an intermediate host or vector, food, water, or air.

~~(8) "Confidential HIV testing" means that the name or identity of the individual tested for HIV will be recorded and linked to the HIV test result, and that the name of the individual testing positive for HIV will be reported to the state or local health officer in a private manner.~~

(79) "Contaminated" or "contamination" means containing or having contact with infectious agents or chemical or radiological materials that pose an immediate threat to present or future public health.

~~(810)~~ "Contamination control measures" means the management of persons, animals, goods, and facilities that are contaminated, or suspected to be contaminated, in a manner to avoid human exposure to the contaminant, prevent the contaminant from spreading, and/or effect decontamination.

~~(911)~~ "Department" means the Washington state department of health.

(102) "Detention" or "detainment" means physical restriction of activities of a ~~personn~~individual by confinement for the purpose of controlling or preventing a serious and imminent threat to public health and may include physical plant,

facilities, equipment, and/or personnel to physically restrict activities of the ~~person~~individual to accomplish such purposes.

(~~113~~) "Disease control measures" means the management of persons, animals, goods, and facilities that are infected with, suspected to be infected with, exposed to, or suspected to be exposed to an infectious agent in a manner to prevent transmission of the infectious agent to humans.

(~~124~~) "Health care facility" means:

(a) ~~Assisted living facilities licensed~~ Assisted living facilities licensed ~~Any facility or institution licensed~~ under chapter 18.20 RCW; ~~assisted living facilities,~~

(b) Birthing centers licensed under chapter 18.46 RCW; ~~birthing centers,~~

(c) Nursing homes licensed under chapter 18.51 RCW; ~~nursing homes,~~

(d) Hospitals licensed under chapter 70.41 RCW; ~~hospitals,~~

(e) ~~or~~ Private establishments licensed under chapter 71.12

RCW;

(f) Enhanced service facilities licensed under chapter 70.97 RCW; ~~private establishments, clinics, or other settings where one or more health care providers practice~~

(g) Adult family homes licensed under chapter 70.128 RCW;

(h) Clinics or other settings where one or more health care providers practice or enhanced service facilities, chapter 70.97 RCW; and

~~(b)h~~ In reference to ~~a~~ disease infections or blood-borne pathogens, other settings as defined in chapter 70.24 RCW.

~~(135)~~ "Health care provider" means any person having direct or supervisory responsibility for the delivery of health care who is:

(a) Licensed or certified in this state under Title 18 RCW;
or

(b) Is military personnel providing health care within the state regardless of licensure.

(14) "Health order" means a written directive issued by the state or local health officer that requires the recipient to

take specific action to remove, reduce, control, or prevent a risk to public health.

(165) "HIV testing" means conducting a laboratory test or sequence of tests to detect or monitor the human immunodeficiency virus (HIV) or antibodies to HIV performed in accordance with requirements to WAC 246-100-207. ~~To assure that the protection, including but not limited to, pre- and post-test counseling, and confidentiality afforded to HIV testing as described in chapter 246-100 WAC also applies to the enumeration of CD4 + (T4) lymphocyte counts (CD4 + counts) and CD4 + (T4) percents of total lymphocytes (CD4 + percents) when used to diagnose HIV infection, CD4 + counts and CD4 + percents will be presumed HIV testing except when shown by clear and convincing evidence to be for use in the following circumstances:~~

- ~~(a) Monitoring previously diagnosed infection with HIV;~~
- ~~(b) Monitoring organ or bone marrow transplants;~~
- ~~(c) Monitoring chemotherapy;~~
- ~~(d) Medical research; or~~
- ~~(e) Diagnosis or monitoring of congenital immunodeficiency states or autoimmune states not related to HIV.~~

~~The burden of proving the existence of one or more of the circumstances identified in (a) through (c) of this subsection shall be on the person asserting such existence.~~

(16) "Human immunodeficiency virus" or "HIV" means all HIV and HIV-related viruses which damage the cellular branch of the human immune system and leave the person immunodeficient.

(17) "Infectious agent" means an organism such as a virus, rickettsia, bacteria, fungus, protozoan, or helminth that is capable of producing infection or infectious disease.

(18) "Isolation" means the separation, ~~for the period of communicability or contamination,~~ of infected or contaminated persons or animals from others ~~in such places and under such conditions as~~ to prevent or limit the ~~direct or indirect~~ transmission of the infectious agent or contaminant from those infected or contaminated to those who are susceptible to disease or who may spread the agent or contaminant to others.

(19) "Local health ~~department jurisdiction~~" or "LHJ" means a county health department under chapter 70.05 RCW, city-county health department under chapter 70.08 RCW, or health district under chapter 70.46 RCW. ~~the city, town, county, or district~~

~~agency providing public health services to persons within the area, as provided in chapter 70.05 RCW and chapter 70.08 RCW.~~

(20) "Local health officer" means the person~~individual~~ having been appointed under chapter 70.05 RCW as the health officer for the local health ~~department~~jurisdiction, or having been appointed under chapter 70.08 RCW as the director of public health of a combined city-county health department, or ~~his or her~~their delegee appointed by the local board of health.

(21) "Medical treatment" or "treatment" means the treatment for curable diseases and treatment that causes a person to be unable to transmit a disease to others, based on generally accepted standards of medical and public health science.

~~(21) "Nosocomial infection" means an infection acquired in a hospital or other health care facility.~~

(22) "Outbreak" means the occurrence of cases of a disease or condition in any area over a given period of time in excess of the expected number of cases.

~~(23) "Post-test counseling" means counseling after the HIV test when results are provided and directed toward:~~

~~(a) Increasing the individual's understanding of human immunodeficiency virus (HIV) infection;~~

~~(b) Affecting the individual's behavior in ways to reduce the risk of acquiring and transmitting HIV infection;~~

~~(c) Encouraging the individual testing positive to notify persons with whom there has been contact capable of spreading HIV;~~

~~(d) Assessing emotional impact of HIV test results; and~~

~~(e) Appropriate referral for other community support services.~~

~~_(24) "Pretest counseling" means counseling provided prior to HIV testing and aimed at:~~

~~(a) Helping an individual to understand:~~

~~(i) Ways to reduce the risk of human immunodeficiency virus (HIV) transmission;~~

~~(ii) The nature, purpose, and potential ramifications of HIV testing;~~

~~(iii) The significance of the results of HIV testing; and~~

~~(iv) The dangers of HIV infection; and~~

~~(b) Assessing the individual's ability to cope with the results of HIV testing.~~

(254) "Principal health care provider" means the attending physician or other health care provider licensed or certified under Title 18 RCW, recognized as primarily responsible for diagnosis and treatment of a patient or, in the absence of such, the health care provider initiating diagnostic testing or therapy for a patient.

(256) "Quarantine" means the limitation of freedom of movement of ~~such well~~ persons or domestic animals ~~thats~~ have been exposed to, or are suspected to have been exposed to, an infectious agent:

(a) Ffor a period of time not longer than the longest usual incubation period of the infectious agent;

(b) In a way ~~such manner as~~ to prevent effective contact with those not so exposed.

(267) "School" means a facility for programs of education as defined in RCW 28A.210.070 (preschool and kindergarten through grade twelve).

(278) "Sexually transmitted disease" or "sexually transmitted infection (STD)" means a bacterial, viral, fungal, or parasitic disease or condition which is usually transmitted through sexual contact and considered to be a threat to public health and welfare, and to be an infection for which a legitimate public interest will be served by providing for regulation and treatments, including:

- ~~(a) Acute pelvic inflammatory disease;~~
- (~~a~~b) Chancroid;
- (~~b~~e) Chlamydia ~~trachomatis infection~~;
- (~~c~~d) Genital ~~and neonatal~~ herpes simplex;
- (~~d~~e) Genital human papilloma virus infection;
- (~~e~~f) Gonorrhea;
- (~~f~~g) Granuloma inguinale;
- (~~g~~h) Hepatitis B infection;
- (i) Human immunodeficiency virus infection (HIV) ~~and acquired immunodeficiency syndrome (AIDS)~~;
- (j) Lymphogranuloma venereum;
- ~~(k) Nongonococcal urethritis (NGU)~~; and
- (~~k~~l) Syphilis.

~~_(29) "Spouse" means any individual who is the marriage partner of an HIV-infected individual, or who has been the marriage partner of the HIV-infected individual within the ten-year period prior to the diagnosis of HIV infection, and evidence exists of possible exposure to HIV.~~

(~~2830~~) "State health officer" means the person appointed ~~designated~~ by the secretary under RCW 43.70.020 ~~of the department~~ to serve as statewide health officer, or, in the absence of such designation, the secretary. ~~person having primary responsibility for public health matters in the state.~~

(~~2931~~) "Suspected case" or "suspected to be infected" means the local health officer, in his or her~~their~~ professional judgment, reasonably believes that infection with a particular infectious agent is likely based on signs and symptoms, laboratory evidence, or contact with an infected person~~individual~~, animal, or contaminated environment.

(~~320~~) "Veterinarian" means an person~~individual~~ licensed under provisions of chapter 18.92 RCW, ~~veterinary medicine, surgery, and dentistry and practicing animal health care.~~

Chapter 246-100 WAC, Communicable and Certain Other Diseases
Washington State Board of Health
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[Statutory Authority: RCW 70.24.380. WSR 18-23-056, § 246-100-011, filed 11/15/18, effective 12/16/18. Statutory Authority: RCW 70.24.130 and 2012 c 10. WSR 14-08-046, § 246-100-011, filed 3/27/14, effective 4/27/14. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-011, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 43.20.050 (2) (d), 70.05.050 and 70.05.060. WSR 03-06-003, § 246-100-011, filed 2/19/03, effective 2/19/03. Statutory Authority: RCW 43.20.050. WSR 00-23-120, § 246-100-011, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 70.24.022, [70.24].340 and Public Law 104-146. WSR 97-15-099, § 246-100-011, filed 7/21/97, effective 7/21/97. Statutory Authority: Chapter 70.24 RCW. WSR 93-08-036 (Order 354B), § 246-100-011, filed 4/1/93, effective 5/2/93. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-011, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-011, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. WSR 89-07-095 (Order 325), § 248-100-011, filed 3/22/89; WSR 88-17-057 (Order 317), § 248-100-011, filed 8/17/88. Statutory Authority: RCW 43.20.050. WSR 88-07-063 (Order 308), § 248-100-011, filed 3/16/88; WSR 87-11-047 (Order 302), § 248-100-011, filed 5/19/87.]

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*, 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 jurisdiction.

(4) Conduct anonymous HIV testing consistent with the provisions of this chapter and report the identity of persons tested to the state or local public health officer if they have tested positive and received HIV health care or treatment services.

[Statutory Authority: RCW 43.20.050. WSR 15-05-014, § 246-100-021, filed 2/6/15, effective 3/9/15; WSR 00-23-120, § 246-100-021, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 43.20.050, 70.24.130 and 70.104.055. WSR 92-02-019 (Order 225B), § 246-100-021, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-021, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.104 RCW. WSR 90-10-036 (Order 049), § 248-100-021, filed 4/26/90, effective 5/27/90. Statutory Authority: RCW 43.20.050. WSR 87-11-047 (Order 302), § 248-100-021, filed 5/19/87.]

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~~they 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 local health ~~district jurisdiction~~ 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 individual~~individual persons diagnosed with HIVs provided according to chapter 246-101 WAC only:

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

(ii) To contact persons who may have experienced substantial exposure, including persons identified as sex and or 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 social and health care services and counseling and disease prevention, provided that the identity or identifying information of the persons living with HIV is not disclosed outside of the local health jurisdiction; and

(f) Destroy documentation of referral information established in WAC 246-100-072 and this subsection containing identities and identifying information on HIV-infected individual persons living with HIVs and at-risk partners of those person 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 *Control of Communicable Diseases Manual*, 20th edition, published by the American Public Health Association, or other measures ~~he or she~~they deems necessary based on ~~his or her~~their professional judgment, current standards of practice, and the best available medical and scientific information.

(4) A local health ~~department~~jurisdiction should seek agreements as necessary with tribal governments , and with federal authorities , or with state agencies , or and 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.

[Statutory Authority: RCW 43.20.050. WSR 15-05-014, § 246-100-036, filed 2/6/15, effective 3/9/15; WSR 03-17-022, § 246-100-036, filed 8/13/03, effective 9/13/03. Statutory Authority: RCW 43.20.050 (2) (d), 70.05.050, and 70.05.060. WSR 03-05-048, § 246-100-036, filed 2/13/03, effective 2/13/03. Statutory Authority: RCW 43.20.050. WSR 00-23-120, § 246-100-036, filed 11/22/00, effective 12/23/00. Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-036, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 70.24.022, [70.24].340 and Public Law 104-146. WSR 97-15-099, § 246-100-036, filed 7/21/97, effective 7/21/97. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-036, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-036, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. WSR 89-02-008 (Order 324), § 248-100-036, filed 12/27/88. Statutory Authority: RCW 43.20.050. WSR 88-07-063 (Order 308), § 248-100-036, filed 3/16/88.]

WAC 246-100-070 Enforcement of local health officer

orders. (1) An order issued by a local health officer in accordance with this chapter shall constitute the duly authorized application of lawful rules adopted by the **state**

board ~~of health~~ and must be enforced by all police officers, sheriffs, constables, and all other officers and employees of any political subdivisions within the jurisdiction of the health department in accordance with RCW 43.20.050.

(2) Any person who shall violate any of the provisions of this chapter or any lawful rule adopted by the board shall be deemed guilty of a misdemeanor punishable as provided under RCW ~~43.20.050~~70.05.120.

(3) Any person who shall fail or refuse to obey any lawful order issued by any local health officer shall be deemed guilty of a gross misdemeanor punishable as provided under RCW ~~70.2405.025~~120.

[Statutory Authority: RCW 43.20.050 (2) (d), 70.05.050, and 70.05.060. WSR 03-05-048, § 246-100-070, filed 2/13/03, effective 2/13/03.]

WAC 246-100-072 Rules for notification of partners at risk of human immunodeficiency virus (HIV) infection. (1) A local health officer or authorized representative shall:

(a) Within three working days of receipt of a report of a previously unreported case of HIV infection, attempt to contact the principal health care provider to:

(i) Seek input on the best means of conducting a case investigation including partner notification; and

(ii) If appropriate, request that the provider contact the person living with HIV ~~client HIV-infected person~~ as required in subsection (2) of this section.

(b) Contact the person diagnosed with HIV ~~HIV-infected person~~ to:

(i) ~~Provide post-test counseling as described under WAC 246-100-209;~~

~~(ii)~~ Discuss the need to notify sex or injection equipment-sharing partners, ~~including spouses,~~ that they may have been exposed to ~~and infected with~~ HIV and that they should seek HIV testing; and

~~(iii)~~ (ii) Offer assistance with partner notification as appropriate.

(c) Unless the health officer or designated representative determines partner notification is not needed or the person

~~living with HIV-client HIV-infected person~~ refuses assistance with partner notification, assist with notifying partners in accordance with the "*Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection*" as published by the Centers for Disease Control and Prevention, October 2008.

(2) If the local health officer or designated representative informs the principal health care provider that ~~he or she~~they intends to conduct a partner notification case investigation, the principal health care provider shall attempt to inform the ~~clientperson living with HIV-HIV-infected person~~ that the local health officer or authorized representative will contact the ~~clientperson living with HIV-HIV-infected person~~ for the purpose of providing assistance with the notification of partners.

(3) A health care provider shall not disclose the identity of an ~~HIV-infected individual~~person living with HIV or the identity of sex ~~and or~~ injection equipment-sharing partners, ~~including spouses, at risk of HIV infection,~~ except as authorized in RCW 70.02.220 ~~RCW 70.24.105~~ or in this section.

(4) Local health officers and authorized representatives shall:

(a) Use identifying information, according to this section, on ~~HIV-infected individuals~~persons living with HIV only to:

(i) Contact the ~~HIV-infected individual~~person living with HIV to ~~provide post-test counseling and~~, as appropriate, ~~referral~~ to medical care, or to contact sex ~~and-or~~ injection equipment-sharing partners, ~~including spouses~~; or

(ii) Carry out an investigation of ~~conduct~~behavior that endangering the public health or of behaviors presenting an imminent danger to the public health pursuant to RCW 70.24.022 or 70.24.024.~~;~~ ~~and~~

~~(b) Destroy documentation of referral information established under this subsection, containing identities and identifying information on the HIV-infected individual Person living with HIV and at-risk partners of that individual, immediately after notifying partners or within three months of the date information was received, whichever occurs first, unless such documentation is being used in an active investigation of conduct endangering the public health or of~~

~~behaviors presenting an imminent danger to the public health
pursuant to RCW 70.24.022 or 70.24.024.~~

(5) A health care provider may consult with the local health officer or an authorized representative about an ~~HIV-infected individual~~person living with HIV and the need for notification of person~~individuals~~ identified as sex and/or injection equipment-sharing partners at any time.

[Statutory Authority: RCW 70.24.130. WSR 10-01-082, § 246-100-072, filed 12/15/09, effective 1/15/10. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-072, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-072, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 70.24.022, [70.24].340 and Public Law 104-146. WSR 97-15-099, § 246-100-072, filed 7/21/97, effective 7/21/97. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-072, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-072, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. WSR 89-02-008 (Order 324), § 248-100-072, filed 12/27/88.]

WAC 246-100-202 ~~Special diseases~~ Sexually transmitted

~~infections~~ ~~diseases~~ Duties and authorities. (1) Health care providers shall:

(a) Report each case of notifiable sexually transmitted ~~disease~~ ~~infections~~ as required in chapter 246-101 WAC; and

(b) At each medical encounter, when providing treatment for an infectious sexually transmitted ~~disease~~ infection, provide instruction, appropriate to each patient regarding:

(i) Communicability of the disease; and

(ii) Requirements to refrain from acts that may transmit the disease to another; and

(c) Ensure completion of a prenatal serologic test for syphilis in each pregnant woman pursuant to RCW 70.24.090 including:

(i) Submitting a blood sample for syphilis to a laboratory approved to perform prenatal serologic tests for syphilis, as required in RCW 70.24.090, at the time of the first prenatal visit; and

(ii) Deciding whether or not to omit the serologic test for syphilis if the test was performed elsewhere during the current pregnancy; and

(d) When diagnosing or caring for a patient with gonococcal or chlamydial *ophthalmia neonatorum*, reporting the case to the local health officer or local health ~~department~~ jurisdiction in accordance with the provisions of chapter 246-101 WAC; and

(e) Instill a prophylactic ophthalmic agent into both eyes of the newborn as prophylaxis against ophthalmia neonatorum up to two hours after the delivery, whether the delivery occurred vaginally or by cesarean section. Acceptable ophthalmic prophylactic agents are application of erythromycin ~~or~~ tetracycline consistent with the "Sexually Transmitted Diseases Treatment Guidelines" as published by the Centers for Disease Control and Prevention, 2015. In the event the U.S. Food and Drug Administration declares a shortage of ~~these~~ this prophylactic ophthalmic agent~~s~~, health care providers may substitute alternative prophylactic ophthalmic agent~~s~~ recommended by the Centers for Disease Control and Prevention. If the newborn's parent(s) or legal guardian refuses this

procedure, the health care provider will document the refusal in the newborn's medical record.

(2) Laboratories, health care providers, and other persons shall deny issuance of a certificate or statement implying a ~~person~~individual is free from sexually transmitted ~~disease~~infection.

(3) State and local health officers or their authorized representatives shall have authority to conduct or cause to be conducted an interview and investigation of persons infected or reasonably believed to be infected with a sexually transmitted ~~disease~~infection.

(a) For the purpose of this section, "reasonable belief" and "reasonably believed" shall mean a health officer's belief based upon a credible report from an identifiable ~~person~~individual indicating another person is likely to have a sexually transmitted ~~disease~~infection(STD) or to have been exposed to a STI~~D~~;

(b) Investigations shall be conducted using procedures and measures described in WAC 246-100-036~~(4)~~.

(4) Local health officers, health care providers, and others shall comply with the provisions in chapter 70.24 RCW, in addition to requirements in chapters 246-100 and 246-101 WAC.

(5) Any person who violates a rule adopted by the board for the control and treatment of a sexually transmitted ~~disease~~ infection is subject to penalty under RCW 70.24.080.

[Statutory Authority: RCW 70.24.130. WSR 09-22-097, § 246-100-202, filed 11/4/09, effective 12/5/09. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-202, filed 5/18/05, effective 6/18/05.]

WAC 246-100-203 ~~Special diseases~~ Sexually transmitted ~~infections~~ diseases—Health officer orders. (1) A state or local health officer within ~~his or her~~ their jurisdiction may, in accordance with RCW 70.24.024, issue orders for a person to submit to medical examination, ~~and/or~~ testing, and/or counseling, receive medical treatment, as well as orders to cease and desist specific activities, or any combination of these when ~~he or she~~ they knows or has reason to believe that a person has a sexually transmitted ~~disease~~ infection and is engaging in ~~conduct~~ specified behavior that endangering the public health.

(~~2a~~) For purposes of RCW 70.24.024 and this section, "reason to believe" means a health officer's belief that is based on:

(~~a~~) Laboratory test results confirming or suggestive of a STID; or

(~~b~~) A health care provider's direct observation of clinical signs confirming a ~~person~~individual has or is likely to have a STID; or

(~~c~~) Information obtained directly from a ~~person~~individual ~~infected~~diagnosed with a STID about the identity of ~~his or her~~their ~~sexual~~ or ~~needle~~injection equipment ~~-sharing~~ ~~contacts~~partners when:

(~~iA~~) Contact with the ~~infected~~diagnosed ~~person~~individual occurred during a period when the disease may have been infectious; and

(~~iiB~~) The contact was sufficient to transmit the disease; and

(~~iiiC~~) The ~~infected~~individual~~information~~ is, in the health officer's judgment, credible ~~and believable~~.

~~(3b) For the purposes of RCW 70.24.024 and this section, "behavior that Conduct endangers sing the public health" ~~for the purposes of RCW 70.24.024 and this section,~~ means:~~

~~(a) For all sexually transmitted infections:~~

~~(i) Anal, oral, or vaginal intercourse without a latex or plastic condom ~~w~~ ~~for all sexually transmitted diseases,~~ resulting in introduction of semen and/or vaginal fluids to mucous membranes, eyes, or an interruption of the epidermis.~~

~~(b) For HIV and Hepatitis B, the following behaviors that result in the introduction of blood, semen and/or vaginal fluids to mucous membranes, eyes, or an interruption of the epidermis:~~

~~(A) Anal, oral, or vaginal intercourse without a latex or plastic condom; and/or~~

~~(B) Sharing of injection equipment; and/or~~

~~(C) Knowingly ~~D~~donating or selling blood, blood products, body tissues, or semen. ~~;~~ and/or~~

~~(iii) Activities described in (3)(b)(i) and (ii) of this subsection resulting in introduction of blood, semen, and/or vaginal fluids to:~~

~~(A) Mucous membranes;~~

~~(B) Eyes;~~

~~(C) Open cuts, wounds, lesions; or~~

~~(iiD) Interruption of epidermis.~~

(4e) State and local health officers and their authorized representatives shall have authority to issue written orders for medical examination, testing, ~~and/or counseling, medical treatment~~, and cessation of behavior that endangers public health under ~~chapter RCW 70.24.024 RCW~~, only after:

(a) All other efforts to protect public health have failed, including reasonable efforts to obtain the voluntary cooperation of the person to be affected by the order; and

(b) They have sufficient evidence to "reasonably believe" the ~~person~~individual to be affected by the order:

(i) Has a sexually transmitted diseaseinfection; and

(ii) Is knowingly engaging in "behavior that~~conduct~~ endangerssing the public health"; and

(c) They have investigated and reasonably confirmed the ~~existence~~occurrence of such behaviors "~~conduct endangering the public health~~" by:

(~~iA~~) Interviewing sources to assess their credibility and accuracy; and

(~~iiB~~) Interviewing the person to be affected by the order; and

(~~diiv~~) They have incorporated all information required in RCW 70.24.024 in a written order.

(~~5d~~) State and local health officers and their authorized representatives shall have authority to issue written orders for treatment under RCW 70.24.02~~24~~ only after laboratory test results or direct observation of clinical signs or assessment of clinical data by a ~~physieian~~health care provider confirm the ~~person~~individual has, or is likely to have, a sexually transmitted ~~disease~~infection.

(~~6e~~) State and local health officers and their authorized representatives shall have authority to issue written orders to cease and desist from specified activities under RCW 70.24.024 only after:

(~~a±~~) They have determined the person to be affected by the order is engaging in "~~conduct~~behavior that endangerssing the public health"; and

(~~b~~~~i~~~~i~~) Laboratory test results, or direct observation of clinical signs or assessment of clinical data by a ~~physician~~health care provider, confirm the ~~person~~individual has, or is likely to have, a sexually transmitted ~~disease~~infection; and

(~~c~~~~i~~~~i~~~~i~~) They have exhausted procedures described in subsection ~~(1) (c) (8) (a)~~ of this section; and

(~~d~~~~i~~~~v~~) They have enlisted, if appropriate, court enforcement of the orders described in (c) and (d) of this subsection.

(~~7~~~~f~~) Written orders to cease and desist from specified ~~activities~~behaviors shall be reasonably related to the purpose or the restriction or restrictions for an ~~initial~~ period of time not to exceed ~~three~~12 months, ~~and may be renewed by the health officer for periods of time not to exceed three~~12 months provided all requirements of RCW 70.24.024 regarding notification, confidentiality, right to a judicial hearing, and right to counsel are met ~~again at the time of renewal~~.

NEW SECTION

WAC 246-100-2031 Sexually transmitted diseases - Orders and standards for detainment

(12) A state or local health officer within ~~his or her~~their jurisdiction may, in accordance with RCW 70.24.034, bring action in superior court to detain a person in a designated or approved facility when ~~he or she~~they knows or ~~has~~have reason to believe that person has a sexually transmitted ~~disease~~infection and continues to engage in behaviors that present an imminent danger to the public health.

(2a) For the purposes of detention in accordance with RCW 70.24.034 and this section, "bBehaviors that present an imminent danger to public health" or "BPID" ~~for the purposes of detention in accordance with RCW 70.24.034 and this section~~ means the following activities, under conditions specified below, performed by an ~~person~~individual with a laboratory-confirmed HIV infection:

(a~~i~~) Anal or vaginal intercourse without a latex or plastic condom; or

(b~~i~~) Shared use of blood-contaminated injection equipment;

(c~~i~~) Donating or selling ~~HIV-infected~~ blood, blood products, or semen; and

~~(d^{iv})~~ Activities described in ~~(2a)~~ ~~(i^a)~~ and ~~(i^{ib})~~ of this subsection constitute BPID only if:

~~(i^A) The infected individual received post-test counseling as described in WAC 246-100-209 prior to repeating activities;~~
~~and~~

~~(i^B) The person with a laboratory confirmed HIV infection ~~infected individual~~ did not inform the persons with whom the activities occurred of ~~his or her~~ their infectious status.~~

~~(3b)~~ State and local health officers and their authorized representatives shall have authority to seek court orders for detainment under RCW 70.24.034 only for persons ~~infected~~ diagnosed with HIV and only after:

~~(aⁱ)~~ Exhausting procedures described in WAC 246-100-203(1) ~~subsection (1) of this section;~~ and

~~(bⁱⁱ)~~ Enlisting, if appropriate, court enforcement of orders to cease and desist; and

~~(cⁱⁱⁱ)~~ Having "reason to believe" with sufficient evidence ~~to "reasonably believe"~~ the person is engaging in BPID.

(~~4e~~) A local health officer may notify the state health officer if ~~he or she~~they determines:

(~~a~~) The criteria for BPID are met by an ~~person~~individual;
and

(~~b~~) Such ~~individual~~person fails to comply with a cease and desist order affirmed or issued by a court.

(~~5d~~) A state or local ~~or state~~ health officer may request the prosecuting attorney to file an action in superior court to detain an ~~person~~individual specified in this subsection. The requesting state or local ~~or state~~ health officer or authorized representative shall:

(~~a~~) Notify the department prior to recommending the detainment setting where the individualized counseling and education plan may be carried out consistent with subsections ~~(619)~~ (~~7de~~), and (~~8ef~~), ~~and~~ (~~fg~~) of this section;

(~~b~~) Make a recommendation to the court for placement of such ~~person~~individual consistent with subsections (~~6e~~), (~~7f~~), and (~~8g~~) of this ~~subsection~~; and

(~~ciii~~) Provide to the court an individualized plan for education and counseling consistent with (~~7~~) of this subsection.

(~~6e~~) ~~State board of health~~ ~~r~~Requirements for detainment of ~~individual persons~~ demonstrating BPID include:

(~~ai~~) Sufficient number of staff, caregivers, and/or family members to:

(~~iA~~) Provide round-the-clock supervision, safety of detainee, and security; and

(~~iiB~~) Limit and restrict activities to prevent BPID; and

(~~iiiE~~) Make available any medical, psychological, or nursing care when needed; and

(~~ivD~~) Provide access to ~~AIDS~~ education and counseling; and

(~~vE~~) Immediately notify the state or local ~~or state~~ health officer of unauthorized absence or elopement; and

(~~bi~~) Sufficient equipment and facilities to provide:

(~~iA~~) Meals and nourishment to meet nutritional and religious or cultural needs; and

(~~iiB~~) A sanitary toilet and lavatory; and

(~~iiiE~~) A bathing facility; and

(~~ivD~~) Bed and clean bedding appropriate to size of detainee; and

(~~vE~~) A safe detention setting appropriate to chronological and developmental age of detainee; and

(~~viF~~) A private sleeping room; and

(~~viiG~~) Prevention of sexual exploitation;

(~~ciii~~) Sufficient access to services and programs directed toward cessation of BPID and providing:

~~(iA) Linguistically, socially, culturally, and developmentally appropriate ongoing AIDS education and counseling; and~~

(~~iiB~~) Psychological and psychiatric evaluation and counseling; and

(~~iiiC~~) Implementation of court-ordered plan for individualized counseling and education consistent with subsection (7g) of this ~~sub~~section;

(~~div~~) If required, provide access to isolation and/or restraint in accordance with restraint and seclusion rules in WAC 275-55-263 (2)(e) WAC 246-322-180, WAC 246-337-110, or other applicable rules;

(~~e~~v) Maintain a safe, secure environment free from harassment, physical danger, and sexual exploitation.

(~~7~~f) ~~Washington state board of health~~ Sstandards for an individualized counseling and education plan for a detainee include:

(~~a~~±) Alignment with Consideration of the detainee's personal and environmental characteristics, culture, social group, developmental age, and language;

(~~b~~±±) Identification of habitual and addictive behavior and relapse pattern;

(~~c~~±±±) Identification of unique risk factors and possible cross-addiction leading to BPID behavior presenting imminent danger to public health;

(~~d~~±v) Identification of obstacles to behavior change and determination of specific objectives for desired behavior;

(~~e~~v) Provision of information about acquisition and transmission of HIV ~~infection~~;

(~~f~~v±) Teaching and training of individual coping skills to prevent relapse to BPID;

(~~g~~vii) Specific counseling for ~~chemical dependency~~substance use disorder, if required;

(~~h~~viii) Identification of and assistance with access to community resources, including social services and self-help groups appropriate to provide ongoing support and maintenance of behavior change; and

(~~i~~*) Designation of a person primarily responsible for counseling and/or education who:

~~(A) Completed pretest and post-test counselor training approved by the office on AIDS; and~~

~~(B) Received training, as approved by the office on AIDS, focused on facilitating behavior change related to preventing BPID; and~~

(~~i~~e) Has a postgraduate degree in social work, psychology, counseling, psychosocial nursing, or other allied profession; and

(~~D~~ii) Completed at least one year of clinical experience after postgraduate education with a primary focus on individualized behavior change; and

(~~E~~iii) Is a certified counselor under chapter 18.19 RCW;

(~~j~~*) Designation and provision of a qualified counselor under chapter 246-811 WAC ~~275-19-145~~ when the detainee is assessed to have ~~a drug or alcohol problem~~ substance use disorder.

(~~8g~~) ~~The state board of health designates t~~The following settings are appropriate for detainment provided a setting meets requirements in subsection (6) (a) through (6) (e) (i), (ii), (iii), (iv), and (v) of this subsection:

(~~a~~*) Homes, care facilities, or treatment institutions operated or contracted by the department;

(~~b~~*) Private homes, as recommended by the state or local ~~or state~~ health officer;

(~~c~~*) Assisted living facilities licensed under chapter 18.20 RCW;

(~~d~~*) Nursing homes licensed under chapter 18.51 RCW;

(~~e~~*) Facilities licensed under chapter 71.12 RCW that provide behavioral health services, including:

(~~i~~A) Psychiatric hospitals, per chapter 246-322 WAC;

~~(iiB) Chemical dependency hospitals licensed under chapter 246-324 WAC alcoholism treatment centers if certified for substance use under chapter 275-19 WAC;~~

~~(iiiE) Residential treatment facilities licensed under Adult residential rehabilitation centers, per chapter 246-33725 WAC;~~

~~(ivD) Private adult treatment homes, per chapter 246-325 WAC;~~

~~(vE) Residential treatment facilities for psychiatrically impaired children and youth, per chapter 246-323 WAC;~~

(fvi) A hospital licensed under chapter 70.41 RCW.

[Statutory Authority: RCW 70.24.130 and 2012 c 10. WSR 14-08-046, § 246-100-203, filed 3/27/14, effective 4/27/14. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-203, filed 5/18/05, effective 6/18/05.]

WAC 246-100-204 ~~Special diseases~~ Absence of Human immunodeficiency virus (HIV) or hepatitis C ~~Absence of HIV as an occupational qualification.~~ For the purpose of RCW 49.60.172 concerning the absence of HIV ~~infection~~ or hepatitis C infection as a bona fide occupational qualification only, "significant risk" means a job qualification which requires person-to-person contact likely to result in direct introduction of blood into

the eye, ~~an open cut or wound, or other~~ or interruption of the epidermis, when:

- (1) No adequate barrier protection is practical; and
- (2) Determined only on case-by-case basis consistent with

RCW 49.60.180.

[Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-204, filed 5/18/05, effective 6/18/05.]

WAC 246-100-205 ~~Special diseases-HIV-Testing and~~
~~counseling~~ Blood-borne pathogens testing exposure - Occupation

~~sSettings following occupational exposure.~~ A person who has experienced an substantial exposure to another person's bodily fluids in a manner that presents a possible risk of transmission of HIV blood-borne pathogens, and who is exposed while engaged in a category of employment determined to be at risk of substantial exposure to HIV blood-borne pathogens, may ask a state or local health officer to order ~~pretest counseling, HIV testing, and~~ post-test counseling testing for blood-borne pathogens of the person who was the source of the bodily fluids in accordance with RCW 70.24.340.

(1) ~~Substantial~~^EExposure that presents a possible risk of transmission shall be limited to:

(a) A physical assault upon the exposed person involving blood, ~~or~~ semen, or vaginal fluid;

(b) Intentional, unauthorized, nonconsensual use of needles or sharp implements to inject or mutilate the exposed person; or

(c) An accidental parenteral or mucous membrane or nonintact skin exposure to blood, semen, or vaginal fluids.

(2) The alleged exposure must have occurred on the job while the ~~person~~^{individual} was employed or acting as an authorized volunteer in one of the following employment categories that are at risk of ~~substantial~~ exposure to ~~HIV~~^{blood-}borne pathogens:

(a) Law enforcement officer;

(b) Firefighter;

(c) Health care provider;

(d) Staff of health care facilities;

(e) Funeral director; ~~or~~

(f) Embalmer; or

(g) Person~~Individuals~~ licensed to perform body art under
RCW 18.300

(3) The health officer shall:

(a) Determine ~~that~~ whether the alleged exposure meets the criteria established in this section for ~~substantial~~ exposure that presents a possible risk of transmission, ~~;~~ and, if criteria are met, notify and

~~(b) Ensure that pretest counseling of the individual to be tested, or a legal representative, occurs; and~~

~~(c) a~~ Arrange for testing of the ~~person~~ individual who is the source of the exposure in accordance with RCW 70.24.340 ~~to occur within seven days of the request from the person exposed;~~ and

~~(d)~~ (be) Ensure that records related to ~~en~~ blood-borne pathogen HIV testing ordered by ~~the~~ health officer are maintained only by the ordering health officer.

(4) The health officer, as a precondition for ordering counseling and testing of the person who was the source of the exposure ~~bodily fluids~~, may require that the exposed individual agree to be tested for HIV blood-borne pathogens if such testing is determined appropriate by the health officer.

(5) This section does not apply to the department of corrections or to inmates in its custody or subject to its jurisdiction.

[Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-205, filed 5/18/05, effective 6/18/05.]

WAC 246-100-206 ~~Special diseases-HIV-Testing~~Blood-borne pathogen exposure - Local and counseling of jail

~~facilities~~detainees. Jail administrators, with the approval of the local public health officer, may order ~~pretest counseling, HIV testing and post-test counseling~~blood-borne pathogen testing of a jail detainee in accordance with RCW 70.24.360, provided that the local ~~public~~ health officer determines that the detainee's behavior exposed the staff, other detainees, general public, or other persons and such exposure presents a possible risk of transmitting a blood-borne pathogen. ~~actual or threatened behavior presents a possible risk to the staff, general public, or other persons.~~

~~(1) Actual behaviors present a possible risk if they result in "exposure presenting a possible risk" and involve one of the following actions:~~

~~(a) Anal, oral, or vaginal intercourse excluding conjugal visits; or~~

~~(b) Physical assault; or~~

~~(c) Sharing of injection equipment or sharp implements; or~~

~~(d) Throwing or smearing of blood, semen, or vaginal fluids; or~~

~~(2) Threatened behaviors present a "possible risk" if:~~

~~(a) The threatening individual states he or she is they are infected with HIV; and~~

~~(b) The threatened behavior is listed in subsection (1) (a), (b), (c), or (d) of this section; and~~

~~(c) The threatened behavior could result in "exposure presenting a possible risk."~~

~~(13) For purposes of subsections (1) and (2) of this section, "exposure presenting possible risk" means, as a result of activities identified in subsection (2), one or more of the following:~~

(a) Introduction of blood, semen, or vaginal fluids into:

(i) A body orifice or a mucous membrane;

(ii) The eye; or

(iii) ~~An open cut, wound, lesion, or other~~ Interruption of
the epidermis.

(b) A needle puncture or penetrating wound resulting in
exposure to blood, semen, and/or vaginal fluids.

(2) For the purposes of subsection (1) of this section, the
following are activities which may result in "exposure
presenting possible risk":

(a) Anal, oral, or vaginal intercourse without a latex or
plastic condom excluding conjugal visits; or

(b) Physical assault; or

(c) Sharing of injection equipment or sharp implements; or

(d) Throwing or smearing of blood, semen, or vaginal
fluids;

(34) Jail administrators may order ~~pretest counseling,~~
~~post-test counseling,~~ and HIV blood-borne pathogen testing only
under the following conditions:

(a) The jail administrator documents and reports to the
local health officer, within seven days after the incident, any
incident resulting in "exposure presenting possible risk"

~~perceived to be actual or threatened "behaviors presenting possible risk"; and~~

(b) The local health officer:

(i) Determines the documented behavior or behaviors meet the criteria established in this section for behaviors presenting a "possible risk"; and

(ii) Interviews the detained ~~personindividual~~ to evaluate the factual basis for alleged ~~behavior actual or threatened behavior~~; and

(iii) Makes a fact determination, based upon the documented behavior, the interview with the detained ~~personindividual~~, and/or independent investigation, that sufficient factual evidence exists to support the allegation of actual ~~or threatened~~ "behaviors presenting possible risk" resulting in exposure presenting possible risk; and

(iv) Arranges for testing of the ~~personindividual~~ who is the source of the ~~behavior exposure~~ to occur within seven days of the request from the jail administrator; and

(v) Reviews with the detained ~~personindividual~~ who is the source of the ~~behavior exposure~~ the documentation of the ~~actual~~

~~or threatened~~ behavior to try to assure understanding of the basis for HIV-blood-borne pathogen testing; and

(vi) Provides written approval of the jail administrator's order prior to HIV-blood-borne pathogen testing.

(c) The jail administrator maintains HIV-blood-borne pathogen test results and identity of the tested ~~person~~individual as a confidential, nondisclosable record, as provided in RCW 70.~~024.220~~105.

[Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-206, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 70.24.380. WSR 02-12-106, § 246-100-206, filed 6/5/02, effective 7/6/02. Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-206, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 70.24.022, [70.24].340 and Public Law 104-146. WSR 97-15-099, § 246-100-206, filed 7/21/97, effective 7/21/97. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-206, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-206, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. WSR 89-07-095 (Order 325), § 248-100-206, filed 3/22/89; WSR 88-21-093 (Order 322), § 248-100-206, filed 10/19/88; WSR 88-17-056 (Order 316), § 248-100-206, filed

8/17/88. Statutory Authority: RCW 43.20.050. WSR 87-11-047
(Order 302), § 248-100-206, filed 5/19/87.]

WAC 246-100-2061 Blood-borne pathogen exposure -

Department of corrections facilities. (1) For purposes of RCW 70.24.370, the following constitutes an exposure that presents a “possible risk of transmission of a blood-borne pathogen”:

(a) Introduction of blood, semen, or vaginal fluids as a result of activities in subsection (2), into:

(i) A body orifice or a mucous membrane;

(ii) The eye; or

(iii) Interruption of the epidermis.

(b) A needle puncture or penetrating wound resulting in exposure to blood, semen, and/or vaginal fluids.

(2) For the purposes of subsection (a) of this section, the following are activities which may result in “possible risk of transmission of a blood-borne pathogen”:

(a) Anal, oral, or vaginal intercourse without a latex or plastic condom excluding conjugal visits; or

(b) Physical assault; or

(c) Sharing of injection equipment or sharp implements; or

(d) Throwing or smearing of blood, semen, or vaginal fluids;

(3)–The chief medical officer of the department of corrections may order blood-borne pathogen testing for an inmate in accordance with RCW 70.24.370, provided that the chief medical officer or their designee determines that the inmate’s behavior exposed the staff, general public, or other inmates and that exposure presents a possible risk of transmitting a blood-borne pathogen as defined in subsection (1) and (2) of this section

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WAC 246-100-207 Blood-borne pathogen~~Human immunodeficiency virus (HIV)~~ testing—Ordering—Laboratory screening—

Interpretation—Reporting. (1) Except for persons ~~conducting seroprevalent studies under chapter 70.24 RCW, or~~ ordering or prescribing an HIV blood-borne pathogen test for another personindividual under subsections ~~(34)~~ and ~~(45)~~ of this section ~~or under WAC 246-100-208(1)~~, any person ordering or prescribing a n HIV blood-borne pathogen test for another personindividual, ~~shall~~, if the ~~HIV~~ test is positive for or suggestive of HIV blood-borne pathogen infection, shall follow the provisions of chapter 246-101 WAC., ~~provide the name of the personindividual and locating information to the local health officer for follow-up and post-test counseling as required by WAC 246-100-209.~~

(2) The local and state health officer or authorized representative shall periodically make efforts to inform

providers in their respective jurisdiction about the September 2006 Centers for Disease Control and Prevention "*Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Healthcare Settings.*"

~~_(3) Health care providers may obtain a sample brochure about the September 2006 Centers for Disease Control and Prevention "*Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Healthcare Settings*" by contacting the department's HIV prevention program at P.O. Box 47840, Olympia, WA 98504.~~

(34) Any person authorized to order or prescribe an HIV test for another ~~person~~individual may offer anonymous HIV testing without restriction.

(45) Blood banks, tissue banks, and others collecting or processing blood, sperm, tissues, or organs for transfusion/transplanting shall:

(a) Explain that donations are tested to prevent contamination of the blood supply, tissue, or organ bank donations;

(b) At the time of notification regarding a positive blood-borne pathogen~~HIV~~ test, provide or ensure at least one individual counseling session; and

(c) Inform the person~~individual~~ that the name of the person~~individual~~ testing positive for ~~HIV~~ a blood-borne pathogen~~infection~~ will be confidentially reported to the state or local health officer.

(~~65~~) Persons subject to regulation under Title 48 RCW and requesting an insured, subscriber, or potential insured or subscriber to furnish the results of an ~~HIV~~ blood-borne pathogen test for underwriting purposes, as a condition for obtaining or renewing coverage under an insurance contract, health care service contract, or health maintenance organization agreement shall:

(a) Before obtaining a specimen to perform ~~an HIV~~ a blood-borne pathogen test, provide written information to the person~~individual~~ tested explaining:

- ~~(i) What an HIV blood-borne pathogen test is;~~
- ~~(ii) Behaviors placing a person at risk for HIV infection of a blood-borne pathogen;~~

(iii) Which blood-borne pathogen test is being administered
and that the purpose of HIV blood-borne pathogen testing in
this setting is to determine eligibility for coverage;

~~(iv) The potential risks of HIV blood-borne pathogen
testing; and~~

~~(v) Where to obtain HIV pretest counseling.~~

(b) Obtain informed specific written consent for a blood-
borne pathogen ~~HIV~~ test or tests. The written informed consent
shall include:

(i) An explanation of confidential treatment of test result
reports limited to persons involved in handling or determining
applications for coverage or claims for the applicant or
claimant; and

(ii) That the name of the person ~~individual~~ testing positive
for HIV a blood-borne pathogen infection will be confidentially
reported to the state or local health officer; and

~~(iii) At the time of notification regarding a positive HIV
blood-borne pathogen test, provide or ensure at least one
individual counseling session.~~

(c) Establish procedures to inform an applicant of the following:

~~(i) Post-test counseling specified under WAC 246-100-209 is required if an HIV test is positive or indeterminate;~~

~~(ii) Post-test counseling is done at the time any positive or indeterminate HIV test result is given to the tested individual;~~

~~(iii) The applicant mayis required to designate a health care provider or health care agency to whom positive or indeterminate HIV blood-borne pathogen test results indicative of infection with a blood-borne pathogen are to be provided for interpretation and post-test counseling; and~~

~~(iv) Test results indicative of infection are sent directly to the applicant.~~

~~(iv) When an individual applicant does not identify a designated health care provider or health care agency and the applicant's HIV blood-borne pathogen test results are positive or indeterminate, the insurer, health care service contractor, or health maintenance organization shall provide the test~~

~~results to the state or local health department jurisdiction for interpretation and post-test counseling.~~

(~~6~~7) Laboratories and other places where ~~HIV-blood-borne pathogen~~ testing is performed must demonstrate compliance with all of the requirements in the ~~M~~medical test site rules, chapter 246-338 WAC.

~~(8) The department laboratory quality assurance section shall accept substitutions for enzyme immunoassay (EIA) screening only as approved by the United States Food and Drug Administration (FDA) and a published list or other written FDA communication.~~

(~~7~~9) Persons informing a tested ~~person~~individual of positive laboratory test results indicating ~~HIV-blood-borne pathogen~~ infection shall do so only when:

(a) The test or sequence of tests has been approved by the FDA or the Federal Centers for Disease Control and Prevention as a confirmed positive test result; and

(b) Such information consists of relevant facts communicated in such a way that it will be readily understood by

the recipient and is linguistically, socially, culturally, and developmentally linguistically appropriate.

(~~810~~) Persons may inform a tested personindividual of the unconfirmed reactive results of an FDA-approved rapid HIV-blood-borne pathogen test provided the test result is interpreted as preliminarily positive ~~for HIV antibodies~~, and the tested personindividual is informed that:

(a) Further testing is necessary to confirm the reactive screening test result;

(b) The meaning of reactive screening test result is explained in simple terms, avoiding technical jargon;

(c) The importance of confirmatory testing is emphasized and a return visit for confirmatory test results is scheduled; and

(d) The importance of taking precautions to prevent transmitting infection to others while awaiting results of confirmatory testing is stressed.

[Statutory Authority: RCW 70.24.380. WSR 18-23-056, § 246-100-207, filed 11/15/18, effective 12/16/18; WSR 13-03-110, § 246-100-207, filed 1/17/13, effective 2/17/13. Statutory Authority: RCW 70.24.130. WSR 10-01-082, § 246-100-207, filed 12/15/09,

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effective 1/15/10. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-207, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 70.24.380. WSR 02-12-106, § 246-100-207, filed 6/5/02, effective 7/6/02. Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-207, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 70.24.380. WSR 97-04-041, § 246-100-207, filed 1/31/97, effective 3/3/97. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-207, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-207, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW and RCW 70.24.130. WSR 89-20-006 (Order 334), § 248-100-207, filed 9/22/89, effective 10/23/89. Statutory Authority: Chapter 70.24 RCW. WSR 89-14-003 (Order 329), § 248-100-207, filed 6/22/89; WSR 88-17-058 (Order 318), § 248-100-207, filed 8/17/88.]

~~WAC 246-100-208 Counseling standard HIV counseling. (1)~~

~~Principal health care providers providing care to a pregnant woman who intends to continue the pregnancy and is not seeking care to terminate the pregnancy or as a result of a terminated pregnancy shall:~~

~~(a) Provide or ensure the provision of HIV counseling as defined in WAC 246-100-011(2);~~

~~(b) If an HIV test is positive for or suggestive of HIV infection, provide the follow-up and reporting as required by WAC 246-100-209.~~

~~(2) Principal health care providers shall counsel or ensure HIV counseling as defined in WAC 246-100-011(2) and offer and encourage HIV testing for each patient seeking treatment of a sexually transmitted disease.~~

~~(3) Drug treatment programs under chapter 70.96A RCW shall provide or ensure provision of HIV counseling as defined in WAC 246-100-011(2) for each person in a drug treatment program.~~

~~[Statutory Authority: RCW 70.24.380. WSR 18-23-056, § 246-100-208, filed 11/15/18, effective 12/16/18. Statutory Authority: RCW 70.24.130. WSR 10-01-082, § 246-100-208, filed 12/15/09, effective 1/15/10. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-208, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 70.24.380. WSR 02-12-106, § 246-100-208, filed 6/5/02, effective 7/6/02. Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-208, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-208, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-208, filed 12/27/90, effective 1/31/91. Statutory Authority:~~

~~Chapter 70.24 RCW, WSR 88-17-058 (Order 318), § 248-100-208,
filed 8/17/88.]~~

~~WAC 246-100-209 Counseling and education standards~~

~~Sexually transmitted infections Human immunodeficiency virus~~

~~(HIV) pretest counseling HIV post-test counseling. Health care
providers and other persons providing pretest or post-test
counseling shall assess the person individual's risk of acquiring
and transmitting human immunodeficiency virus (HIV) by
evaluating information about the person individual's possible
risk behaviors and unique circumstances, and as appropriate:~~

~~— (1) Base counseling on the recommendations of the Federal
Centers for Disease Control and Prevention as published in the
Revised Guidelines for HIV Counseling, November 2001; and~~

~~(2) Assist the individual to set a realistic behavior-
change goal and establish strategies for reducing their risk of
acquiring or transmitting HIV; and~~

~~(3) Provide appropriate risk reduction skills-building
opportunities to support the behavior change goal; and~~

~~(4) Provide or refer for other appropriate prevention, support or medical services, including those services for other bloodborne pathogens; and~~

~~(15) If the personindividual being counseled tested positive for HIV infection:~~

~~(a) Provide or arrange for at least one individual in-person counseling session consistent with the requirements in subsection (1) through (4) of this section; and~~

~~(ab) Unless testing was anonymous, inform the personindividual that the identity of the individual person testing positive for HIV infection will be confidentially reported to the state or local health officer; and~~

~~(c) Ensure compliance with the partner notification provisions contained in WAC 246-100-072, and inform the tested person of those requirements; and~~

~~(bd) Develop or adopt a system to avoid documenting the names of referred partners in the permanent record of the personindividual being counseled; and~~

~~(ce) Offer referral for alcohol and drug and mental health counseling, including suicide prevention, if appropriate; and~~

~~(df) Provide or refer for medical evaluation including services for other bloodborne pathogens, antiretroviral treatment, HIV prevention and other support services; and~~

~~(eg) Provide or refer for tuberculosis screening.~~

~~[Statutory Authority: RCW 70.24.130. WSR 10-01-082, § 246-100-209, filed 12/15/09, effective 1/15/10. Statutory Authority: RCW 70.24.130 and 70.24.380. WSR 05-11-110, § 246-100-209, filed 5/18/05, effective 6/18/05. Statutory Authority: RCW 70.24.125 and 70.24.130. WSR 99-17-077, § 246-100-209, filed 8/13/99, effective 9/1/99. Statutory Authority: RCW 70.24.022, [70.24].340 and Public Law 104-146. WSR 97-15-099, § 246-100-209, filed 7/21/97, effective 7/21/97. Statutory Authority: RCW 43.20.050 and 70.24.130. WSR 92-02-019 (Order 225B), § 246-100-209, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-100-209, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. WSR 89-02-008 (Order 324), § 248-100-209, filed 12/27/88; WSR 88-17-058 (Order 318), § 248-100-209, filed 8/17/88.]~~

WAC 246-100-211 ~~Special diseases~~-Tuberculosis. (1) Health care providers diagnosing or caring for a person with tuberculosis, whether pulmonary or nonpulmonary, shall:

(a) Report the case to the local health officer or local health ~~department~~jurisdiction in accordance with the provisions of this chapter, and

(b) Report patient status to the local health officer every three months or as requested.

(2) The local health officer or local health ~~department~~jurisdiction shall:

(a) Have primary responsibility for control of tuberculosis within the designated jurisdiction;

(b) Maintain a tuberculosis control program including:

(i) Prophylaxis,

(ii) Treatment,

(iii) Surveillance,

(iv) Case finding,

(v) Contact tracing, and

(vi) Other aspects of epidemiologic investigation;

(c) Maintain a tuberculosis register of all persons with tuberculosis, whether new or recurrent, within the local jurisdiction including information about:

(i) Identification of patient,

(ii) Clinical condition,

(iii) Epidemiology of disease,

(iv) Frequency of examinations;

(d) Impose isolation of a person with tuberculosis in an infectious stage if that person does not observe precautions to prevent the spread of the infection;

(e) Designate the place of isolation when imposed;

(f) Release the person from isolation when appropriate;

(g) Maintain and provide outpatient tuberculosis diagnostic and treatment services as necessary, including public health nursing services and physician consultation; and

(h) Submit reports of all cases to the department in accordance with the provisions of this chapter.

(3) When a person with tuberculosis requires hospitalization,

(a) Hospital admission shall occur in accordance with procedures arranged by the local health officer and the medical director or administrator of the hospital, and

(b) The principal health care provider shall:

(i) Maintain responsibility for deciding date of discharge,
and

(ii) Notify the local health officer of intended discharge
in order to assure appropriate outpatient arrangements.

[Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B),
recodified as § 246-100-211, filed 12/27/90, effective 1/31/91;
WSR 87-11-047 (Order 302), § 248-100-211, filed 5/19/87.]

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