

Washington

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March 17, 2009

To the Reader:

The *Compendium of State HIV Testing Laws* describes key state HIV testing laws and policies. Each state's HIV testing laws are unique and many have undergone revision or supplementation since the release of the [CDC's 2006 HIV testing recommendations](#). The *Compendium* is designed to help clinicians understand HIV testing laws and to implement sound HIV testing policies. It should not, however, be used as an official legal document.

The NCCC provides clinical consultation for healthcare providers as part of the HRSA [AIDS Education and Training Centers](#) program. Clinicians with questions about HIV testing are encouraged to call the *National HIV Telephone Consultation Service (Warmline)* at (800) 933-3413. The Warmline also provides advice on HIV management, including antiretroviral treatment. Other NCCC consultation services include: the National Clinicians' Post-Exposure Prophylaxis Hotline ([PEPline](#)) at (888) 448-4911 for advice on managing occupational exposures to HIV and hepatitis; and the National Perinatal Consultation and Referral Service ([Perinatal HIV Hotline](#)) at (888) 448-8765 for consultation on preventing mother-to-child transmission of HIV.

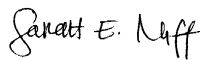
We update the *Compendium* periodically, but it is beyond the scope of the project to perform ongoing verification of every section frequently. We encourage readers to send comments, corrections, and updates (with citations when possible) to Sarah Neff at neffs@nccc.ucsf.edu.

Thank you,



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Director

&



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The Warmline, PEPline, and Perinatal Hotline are part of the National HIV/AIDS Clinicians' Consultation Center (NCCC) based at San Francisco General Hospital/ UCSF. The NCCC is a component of the **AIDS Education and Training Centers (AETC) Program** funded by the Ryan White CARE Act of the **Health Resources and Services Administration (HRSA)** HIV/AIDS Bureau in partnership with the **Centers for Disease Control and Prevention (CDC)**.

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Definitions and Helpful Resources

March 17, 2009

Definitions Commonly Used Nationally

- **Anonymous Testing** – Patient's name is not recorded with test results.
- **Confidential** – Patient's name is recorded with test results.
- **HIV Prevention Counseling** – Refers to an interactive process of assessing risk, recognizing specific behaviors that increase the risk for acquiring or transmitting HIV and developing a plan to take specific steps to reduce risks.¹
 - **Pre-test counseling** can include: (1) discussing HIV, risk factors and prevention methods; (2) explaining the meaning of positive and negative test results and their implications; (3) assessing the patient's personal and social supports; (4) determining the patient's readiness to cope with test results; (5) discussing disclosure of test results to others; and (6) advising the patient if reporting positive test results to health authorities is required.
 - **Post-test counseling** can include: (1) informing the patient of the results and meaning of the test results; (2) providing education about avoiding risks of sexual and injection drug exposures; and, for patients who test positive, (3) assessing the impact of test results for the patient and family; (3) explaining treatment options; (4) discussing partner counseling and disclosure of test results to others; and (5) initiating a support and treatment plan.
- **General Consent** – Consent for HIV screening is included in the general medical consent.
- **HIV** – Human Immunodeficiency Virus.
- **Informed Consent** – A process of communication between patient and provider through which an informed patient can choose whether to undergo HIV testing or decline to do so. Elements of informed consent typically include providing oral or written information regarding HIV, the risks and benefits of testing, the implications of HIV test results, how test results will be communicated, and the opportunity to ask questions.¹
- **Name-based reporting** – Cases are reported by patient name (required in all states except HI and VT).
- **Opt-in** – Patients typically are provided pre-HIV test counseling and must consent specifically to an HIV-antibody test, either orally or in writing.²
- **Opt-out** – Performing HIV screening after notifying the patient that: the test will be performed; and the patient may elect to decline or defer testing. Assent is inferred unless the patient declines testing.¹
- **Routine Testing** – HIV screening that is performed routinely during health-care encounters.
- **Rapid Testing** – Testing with any of the six FDA-approved rapid HIV tests that produce results in 30 minutes or less.³
- **Specific Consent** – Consent for the HIV screening is separate from the general medical consent.

Helpful Resources

CDC Recommendations and Guidelines: <http://www.cdc.gov/hiv/topics/testing/guideline.htm>

Emergency Department Implementation Guide: <http://edhivtestguide.org/>

Prenatal HIV Testing Website: <http://www.cdc.gov/hiv/topics/perinatal/1test2lives/>

For questions or comments about the compendium, contact NCCC: NCCCTemp@nccc.ucsf.edu

Clinicians with questions about HIV testing can call the Warmline at 800-933-3413.

¹ Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR Recomm Rep. 2006 Sep 22;55(RR-14):1-17; quiz CE1-4. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

² <http://www.cdc.gov/mmwr/PDF/wk/mm5145.pdf>

³ <http://www.cdc.gov/hiv/topics/testing/resources/factsheets/rt-lab.htm>

Washington

A Quick Reference Guide for Clinicians to Washington HIV Testing Laws

March 17, 2009

This Quick Reference Guide for clinicians is a summary of relevant Washington state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Washington HIV testing laws, please refer to the section of the Compendium that follows this Quick Reference Guide.

Informed Consent

- Informed consent required; may be oral or in writing.

Counseling

- Pre-test counseling must be offered.
- Post-test counseling must be offered.
- Post-test counseling is required with HIV positive test results.

Provisos of Testing

- **Anonymous**
 - Anonymous testing is available at designated anonymous testing sites.
- **Rapid**
 - Rapid testing may be used on pregnant women presenting to labor or delivery.
 - A confirmatory test is required before notifying the patient of HIV test results.
- **Routine**
 - HIV testing may be included as part of routine panel of tests for pregnant women.

Disclosure

- Notification to sexual and needle-sharing partners of possible exposure to HIV is required.

Minor/Adolescent Testing

- Persons 14 years of age or older may consent to STD testing, HIV explicitly included.

Washington

Perinatal Quick Reference Guide:

A Guide to Washington Perinatal HIV Testing Laws for Clinicians

March 17, 2009

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Washington perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Washington HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* (www.nccc.ucsf.edu), “Testing of pregnant women and/or newborns.”

Prenatal

- Testing of pregnant women in prenatal care is through the opt-out process; Refusal of testing and the provision of education on the benefits of HIV testing must be documented in the medical record, and reasons for refusal must be discussed and addressed.
- Informed consent for pregnant women may be obtained separately or as part of the consent for a battery of other routine tests, as long as the woman is informed verbally or in writing of the test.

Labor & Delivery

- Testing of pregnant women presenting to labor and delivery with undocumented HIV status at a birth center must be with a rapid test and is through the opt-out process.

Neonatal

- No specific provisions regarding neonatal testing were found.

Other

- **Counseling** of all continuing pregnant women (see *Compendium* for full provisions) includes:
 - (A) Performing a risk screening, including a sexual and drug use history as part of the intake process;
 - (B) Providing written or verbal information on HIV infection that at a minimum includes:
 - (1) All pregnant women are recommended to have an HIV test;
 - (2) HIV is the cause of AIDS and how HIV is transmitted;
 - (3) A woman may be at risk for HIV infection, and not know it;
 - (4) The efficacy of treatments to reduce vertical transmission;
 - (5) The availability of anonymous testing and why confidential testing is recommended for;
 - (6) The need to report HIV infection;
 - (7) Public funds for eligible HIV-infected women receive medical care and other assistance; and
 - (8) Women who decline testing will not be denied care for themselves or their infants;
 - (C) If the risk screening indicates, providing or referring for behavioral change counseling for women who:
 - (1) Have or recently have had HIV+, MSM, or IDU sexual partner(s)
 - (2) Uses or recently have used injection drugs
 - (3) Have signs or symptoms of HIV seroconversion
 - (4) Currently/recently have exchanged sex for drugs or money, a STD, or multiple sex partners
 - (5) Express a need for further, more intensive counseling
 - (D) Offering referrals and providing follow-up to other necessary medical, social and HIV prevention services
 - (E) Behavioral change counseling must:
 - (1) Base counseling on CDC’s Revised Guidelines for HIV Counseling, November 2001
 - (2) Assist to set a realistic behavior-change goal and establish strategies for reducing risk of HIV
 - (3) Provide appropriate risk reduction skills-building opportunities to support the behavior change goal
 - (4) Provide or refer for other appropriate prevention, support or medical services, including those services for other bloodborne pathogens

Washington State Policies Relating to HIV Testing, 2009

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Revised Code of Washington [RCW]

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	Policy Category	Type	Section Code(s)
RESTRICTIONS/ MANDATES	Restrictions on use of HIV test	Testing prohibited for employment/hiring purposes	RCW §49.60.172
	Mandatory testing within the criminal justice system	Convicted sex offenders	RCW §70.24.340
		Persons convicted of prostitution charges	RCW §70.24.340
		Persons convicted of drug offense	RCW §70.24.340
		Occupational exposure – law enforcement officers may request testing of source patient	RCW §70.24.340
		Occupational exposure – prison employees may request testing of source inmate	RCW §70.24.340 WAC 246-136-020
		Any prisoner who present a possible risk	RCW §70.24.360 RCW §70.24.370
Mandatory testing outside of the criminal justice system	Professional boxers	WAC 36-12-240	
PRE-TESTING	Mandatory offering of HIV/AIDS information and/or testing	Information on anonymous HIV testing, AIDS counseling, and pre-test and post-test counseling available	WAC 246-100-036 WAC 246-100-208 WAC 246-100-209
		HIV testing must be offered to all patients seeking STD treatment	WAC 246-100-208

		Local health departments must offer testing and counseling services to persons arrested for prostitution and drug offenses	RCW §70.24.350
Informed consent		Informed consent required – verbal or written, must be documented	RCW §70.24.330 WAC 246-100-207
		Specific written consent required for insurance testing	RCW §70.24.325
		Specific consent for testing of blood, tissue, sperm, organ donors	WAC 246-100-207
Counseling requirements		Mandatory offering of pre-test counseling for persons at increased risk and at request	WAC 246-100-207
		Mandatory offering of post-test counseling	WAC 246-100-209
		Mandated post-testing counseling for HIV positive results	WAC 246-100-209
		Mandatory pre- and post-test counseling of pregnant women	WAC 246-100-208
		Mandatory pre- and post-test counseling for insurance testing	RCW §70.24.325
		Mandatory counseling for patients seeking STD treatment and for those in drug treatment programs	WAC 246-100-208
		Mandatory pre- and post-test counseling for those convicted of sexual offense, drug offense, or prostitution	RCW §70.24.340
		Board of health to set counseling rules and minimum standards	RCW §70.24.380
Anonymous testing		State department of health must sponsor anonymous testing sites	RCW §70.24.400
POST-TESTING	Disclosure/confidentiality	HIV test results as confidential	RCW §70.24.105 RCW §70.24.450
		Exceptions to confidentiality	RCW §70.24.105
		Sexual and needle-sharing partner notification	WAC 246-100-072
		Disclosure of source patient status to exposed prison employees in cases of exposure	WAC 246-136-020
Reporting		Name-based reporting	WAC 246-101-101 WAC 246-101-115

OTHER			WAC 246-101-301 WAC 246-101-315
		Number of HIV test results disclosed to department of corrections health staff or local jail health staff must be reported	WAC 246-136-020
		Laboratories must report prevalence from anonymous testing sites	RCW §70.24.050
	Testing of pregnant women and/or newborns	Pregnant women in prenatal care – opt-out testing	WAC 246-100-208
		Informed consent for pregnant women may be obtained separately or as part of the consent for a battery of other routine tests, as long as the woman is informed verbally or in writing that an HIV test is included	WAC 246-100-208
		Refusal of testing and the provision of education on the benefits of HIV testing must be documented in the medical record, and reasons for refusal must be discussed and addressed	WAC 246-100-208
		Rapid test for women presenting to labor and delivery with undocumented HIV status at a birth center – opt-out testing	WAC 246-329-120
	Testing of minors/adolescents	Minors 14 years or older may consent to STD services	RCW §70.24.017 RCW §70.24.110
		Minors 14 years or older may consent to HIV testing and treatment	RCW §70.24.110
	Rapid HIV testing	Confirmatory testing required to diagnose HIV infection	WAC 246-100-207
		Rapid testing may be used for women presenting to labor and delivery with undocumented HIV status	WAC 246-329-120
	Training and education of health care providers	Employer must provide bloodborne pathogen training to employees at risk for occupational exposures	WAC 296-823-120 WAC 296-823-18045

	Employees of child care centers must provide written proof of bloodborne pathogen training	WAC 170-295-1110
	Training required at private psychiatric, and chemical dependency hospitals	WAC 246-322-060 WAC 246-324-060
	Nursing assistants must understand HIV transmission	WAC 246-841-400 WAC 246-842-100
	Training required at emergency respite centers	WAC 388-145-0150
	Authorities and the Office of AIDS to set standards for AIDS training of employees	RCW §70.24.270
	University of Washington must provide office on AIDS training and informational materials	RCW §70.24.250

Recommended Resources

Revised Code of Washington

<http://apps.leg.wa.gov/rcw/>

Washington Administrative Code

<http://apps.leg.wa.gov/wac/>

Washington State Department of Health

<http://www.doh.wa.gov/>

Department of Health - HIV/AIDS Prevention and Education Services

http://www.doh.wa.gov/cfh/HIV_AIDS/Prev_Edu/default.htm

Title 49: Labor Regulations

WA Title 49 Code §	Code Language
§ 49.60.172	<p>Unfair practices with respect to HIV or hepatitis C infection</p> <p>(1) No person may require an individual to take an HIV test, as defined in chapter 70.24 RCW, or hepatitis C test, as a condition of hiring, promotion, or continued employment unless the absence of HIV or hepatitis C infection is a bona fide occupational qualification for the job in question.</p> <p>(2) No person may discharge or fail or refuse to hire any individual, or segregate or classify any individual in any way which would deprive or tend to deprive that individual of employment opportunities or adversely affect his or her status as an employee, or otherwise discriminate against any individual with respect to compensation, terms, conditions, or privileges of employment on the basis of the results of an HIV test or hepatitis C test unless the absence of HIV or hepatitis C infection is a bona fide occupational qualification of the job in question.</p> <p>(3) The absence of HIV or hepatitis C infection as a bona fide occupational qualification exists when performance of a particular job can be shown to present a significant risk, as defined by the board of health by rule, of transmitting HIV or hepatitis C infection to other persons, and there exists no means of eliminating the risk by restructuring the job.</p> <p>(4) For the purpose of this chapter, any person who is actually infected with HIV or hepatitis C, but is not disabled as a result of the infection, shall not be eligible for any benefits under the affirmative action provisions of chapter 49.74 RCW solely on the basis of such infection.</p> <p>(5) Employers are immune from civil action for damages arising out of transmission of HIV or hepatitis C to employees or to members of the public unless such transmission occurs as a result of the employer's gross negligence.</p>

Title 70: Public Health and Safety

WA Title 70 Code §	Code Language
§ 70.05.180	<p>Infectious disease testing -- Good samaritans -- Rules</p> <p>A person rendering emergency care or transportation, commonly known as a "Good Samaritan," as described in RCW 4.24.300 and 4.24.310, may request and receive appropriate infectious disease testing free of charge from the local health department of the county of her or his residence, if:</p> <p>(1) While rendering emergency care she or he came into contact with bodily fluids; and (2) she or he does not have health insurance that covers the testing. Nothing in this section requires a local health department to provide health care services beyond testing. The department shall adopt rules implementing this section.</p> <p>The information obtained from infectious disease testing is subject to statutory confidentiality provisions, including those of chapters 70.24 and 70.05 RCW.</p>
§ 70.24.017	<p>Definitions</p> <p>Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter:</p> <p>(1) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.</p> <p>(2) "Board" means the state board of health.</p> <p>(3) "Department" means the department of health, or any successor department with jurisdiction over public health matters.</p> <p>(4) "Health care provider" means any person who is a member of a profession under RCW 18.130.040 or other person providing medical, nursing, psychological, or other health care services regulated by the department of health.</p> <p>(5) "Health care facility" means a hospital, nursing home, neuropsychiatric or mental health facility, home health agency, hospice, child care agency, group care facility, family foster home, clinic, blood bank, blood center, sperm bank, laboratory, or other social service or health care institution regulated or operated by the department of health.</p> <p>(6) "HIV-related condition" means any medical condition resulting from infection with HIV including, but not limited to, seropositivity for HIV.</p> <p>(7) "Human immunodeficiency virus" or "HIV" means all HIV and HIV-related viruses which damage the cellular branch of the human immune or neurological systems and leave the infected person immunodeficient or neurologically impaired.</p>

WA Title 70 Code §	Code Language
	<p>(8) "Test for a sexually transmitted disease" means a test approved by the board by rule.</p> <p>(9) "Legal guardian" means a person appointed by a court to assume legal authority for another who has been found incompetent or, in the case of a minor, a person who has legal custody of the child.</p> <p>(10) "Local public health officer" means the officer directing the county health department or his or her designee who has been given the responsibility and authority to protect the health of the public within his or her jurisdiction.</p> <p>(11) "Person" includes any natural person, partnership, association, joint venture, trust, public or private corporation, or health facility.</p> <p>(12) "Release of test results" means a written authorization for disclosure of any sexually transmitted disease test result which is signed, dated, and which specifies to whom disclosure is authorized and the time period during which the release is to be effective.</p> <p>(13) "Sexually transmitted disease" means a bacterial, viral, fungal, or parasitic disease, determined by the board by rule to be sexually transmitted, to be a threat to the public health and welfare, and to be a disease for which a legitimate public interest will be served by providing for regulation and treatment. The board shall designate chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum, genital herpes simplex, chlamydia, nongonococcal urethritis (NGU), trachomitis, genital human papilloma virus infection, syphilis, acquired immunodeficiency syndrome (AIDS), and human immunodeficiency virus (HIV) infection as sexually transmitted diseases, and shall consider the recommendations and classifications of the centers for disease control and other nationally recognized medical authorities in designating other diseases as sexually transmitted.</p> <p>(14) "State public health officer" means the secretary of health or an officer appointed by the secretary.</p>
§ 70.24.050	<p>Diagnosis of sexually transmitted diseases -- Confirmation -- Anonymous prevalence reports</p> <p>Diagnosis of a sexually transmitted disease in every instance must be confirmed by laboratory tests or examinations in a laboratory approved or conducted in accordance with procedures and such other requirements as may be established by the board. Laboratories testing for HIV shall report anonymous HIV prevalence results to the department, for health statistics purposes, in a manner established by the board.</p>

WA Title 70 Code §	Code Language
§ 70.24.105	<p>Disclosure of HIV antibody test or testing or treatment of sexually transmitted diseases -- Exchange of medical information</p> <p>(1) No person may disclose or be compelled to disclose the identity of any person who has investigated, considered, or requested a test or treatment for a sexually transmitted disease, except as authorized by this chapter.</p> <p>(2) No person may disclose or be compelled to disclose the identity of any person upon whom an HIV antibody test is performed, or the results of such a test, nor may the result of a test for any other sexually transmitted disease when it is positive be disclosed. This protection against disclosure of test subject, diagnosis, or treatment also applies to any information relating to diagnosis of or treatment for HIV infection and for any other confirmed sexually transmitted disease. The following persons, however, may receive such information:</p> <p>(a) The subject of the test or the subject's legal representative for health care decisions in accordance with RCW 7.70.065, with the exception of such a representative of a minor child over fourteen years of age and otherwise competent;</p> <p>(b) Any person who secures a specific release of test results or information relating to HIV or confirmed diagnosis of or treatment for any other sexually transmitted disease executed by the subject or the subject's legal representative for health care decisions in accordance with RCW 7.70.065, with the exception of such a representative of a minor child over fourteen years of age and otherwise competent;</p> <p>(c) The state public health officer, a local public health officer, or the centers for disease control of the United States public health service in accordance with reporting requirements for a diagnosed case of a sexually transmitted disease;</p> <p>(d) A health facility or health care provider that procures, processes, distributes, or uses: (i) A human body part, tissue, or blood from a deceased person with respect to medical information regarding that person; (ii) semen, including that provided prior to March 23, 1988, for the purpose of artificial insemination; or (iii) blood specimens;</p> <p>(e) Any state or local public health officer conducting an investigation pursuant to RCW 70.24.024, provided that such record was obtained by means of court ordered HIV testing pursuant to RCW 70.24.340 or 70.24.024;</p> <p>(f) A person allowed access to the record by a court order granted after application showing good cause therefor. In assessing good cause, the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of the order, the court, in determining the extent to which any disclosure of all or any part of the record of any such test is necessary, shall impose appropriate safeguards against unauthorized disclosure. An order authorizing disclosure shall: (i) Limit disclosure to those parts of the patient's record deemed essential to fulfill the objective for which the order was granted; (ii) limit disclosure to those persons whose need for information is the basis for the order; and (iii) include any other appropriate measures to keep disclosure to a</p>

WA Title 70 Code §	Code Language
	<p>minimum for the protection of the patient, the physician-patient relationship, and the treatment services, including but not limited to the written statement set forth in subsection (5) of this section;</p> <p>(g) *Local law enforcement agencies to the extent provided in RCW 70.24.034;</p> <p>(h) Persons who, because of their behavioral interaction with the infected individual, have been placed at risk for acquisition of a sexually transmitted disease, as provided in RCW 70.24.022, if the health officer or authorized representative believes that the exposed person was unaware that a risk of disease exposure existed and that the disclosure of the identity of the infected person is necessary;</p> <p>(i) A law enforcement officer, fire fighter, health care provider, health care facility staff person, department of correction's staff person, jail staff person, or other persons as defined by the board in rule pursuant to RCW 70.24.340(4), who has requested a test of a person whose bodily fluids he or she has been substantially exposed to, pursuant to RCW 70.24.340(4), if a state or local public health officer performs the test;</p> <p>(j) Claims management personnel employed by or associated with an insurer, health care service contractor, health maintenance organization, self-funded health plan, state-administered health care claims payer, or any other payer of health care claims where such disclosure is to be used solely for the prompt and accurate evaluation and payment of medical or related claims. Information released under this subsection shall be confidential and shall not be released or available to persons who are not involved in handling or determining medical claims payment; and</p> <p>(k) A department of social and health services worker, a child placing agency worker, or a guardian ad litem who is responsible for making or reviewing placement or case-planning decisions or recommendations to the court regarding a child, who is less than fourteen years of age, has a sexually transmitted disease, and is in the custody of the department of social and health services or a licensed child placing agency; this information may also be received by a person responsible for providing residential care for such a child when the department of social and health services or a licensed child placing agency determines that it is necessary for the provision of child care services.</p> <p>(3) No person to whom the results of a test for a sexually transmitted disease have been disclosed pursuant to subsection (2) of this section may disclose the test results to another person except as authorized by that subsection.</p> <p>(4) The release of sexually transmitted disease information regarding an offender or detained person, except as provided in subsection (2)(e) of this section, shall be governed as follows:</p> <p>(a) The sexually transmitted disease status of a department of corrections offender who has had a mandatory test conducted pursuant to RCW 70.24.340(1), 70.24.360, or 70.24.370 shall be made available by department of corrections health care providers and local public health officers to the department of corrections health care administrator or infection control coordinator of the facility in which the offender is housed.</p>

WA Title 70 Code §	Code Language
	<p>The information made available to the health care administrator or the infection control coordinator under this subsection (4)(a) shall be used only for disease prevention or control and for protection of the safety and security of the staff, offenders, and the public. The information may be submitted to transporting officers and receiving facilities, including facilities that are not under the department of corrections' jurisdiction according to the provisions of (d) and (e) of this subsection.</p> <p>(b) The sexually transmitted disease status of a person detained in a jail who has had a mandatory test conducted pursuant to RCW 70.24.340(1), 70.24.360, or 70.24.370 shall be made available by the local public health officer to a jail health care administrator or infection control coordinator. The information made available to a health care administrator under this subsection (4)(b) shall be used only for disease prevention or control and for protection of the safety and security of the staff, offenders, detainees, and the public. The information may be submitted to transporting officers and receiving facilities according to the provisions of (d) and (e) of this subsection.</p> <p>(c) Information regarding the sexually transmitted disease status of an offender or detained person is confidential and may be disclosed by a correctional health care administrator or infection control coordinator or local jail health care administrator or infection control coordinator only as necessary for disease prevention or control and for protection of the safety and security of the staff, offenders, and the public. Unauthorized disclosure of this information to any person may result in disciplinary action, in addition to the penalties prescribed in RCW 70.24.080 or any other penalties as may be prescribed by law.</p> <p>(d) Notwithstanding the limitations on disclosure contained in (a), (b), and (c) of this subsection, whenever any member of a jail staff or department of corrections staff has been substantially exposed to the bodily fluids of an offender or detained person, then the results of any tests conducted pursuant to RCW 70.24.340(1), 70.24.360, or 70.24.370, shall be immediately disclosed to the staff person in accordance with the Washington Administrative Code rules governing employees' occupational exposure to bloodborne pathogens. Disclosure must be accompanied by appropriate counseling for the staff member, including information regarding follow-up testing and treatment. Disclosure shall also include notice that subsequent disclosure of the information in violation of this chapter or use of the information to harass or discriminate against the offender or detainee may result in disciplinary action, in addition to the penalties prescribed in RCW 70.24.080, and imposition of other penalties prescribed by law.</p> <p>(e) The staff member shall also be informed whether the offender or detained person had any other communicable disease, as defined in RCW 72.09.251(3), when the staff person was substantially exposed to the offender's or detainee's bodily fluids.</p> <p>(f) The test results of voluntary and anonymous HIV testing or HIV-related condition may not be disclosed to a staff person except as provided in subsection (2)(i) of this section and RCW 70.24.340(4). A health care administrator or infection control coordinator may provide the staff member with information about how to obtain the offender's or</p>

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	<p>detainee's test results under subsection (2)(i) of this section and RCW 70.24.340(4).</p> <p>(5) Whenever disclosure is made pursuant to this section, except for subsections (2)(a) and (6) of this section, it shall be accompanied by a statement in writing which includes the following or substantially similar language: "This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for this purpose." An oral disclosure shall be accompanied or followed by such a notice within ten days.</p> <p>(6) The requirements of this section shall not apply to the customary methods utilized for the exchange of medical information among health care providers in order to provide health care services to the patient, nor shall they apply within health care facilities where there is a need for access to confidential medical information to fulfill professional duties.</p> <p>(7) Upon request of the victim, disclosure of test results under this section to victims of sexual offenses under chapter 9A.44 RCW shall be made if the result is negative or positive. The county prosecuting attorney shall notify the victim of the right to such disclosure. Such disclosure shall be accompanied by appropriate counseling, including information regarding follow-up testing.</p>
§ 70.24.110	<p>Minors — Treatment, consent, liability for payment for care</p> <p>A minor fourteen years of age or older who may have come in contact with any sexually transmitted disease or suspected sexually transmitted disease may give consent to the furnishing of hospital, medical and surgical care related to the diagnosis or treatment of such disease. Such consent shall not be subject to disaffirmance because of minority. The consent of the parent, parents, or legal guardian of such minor shall not be necessary to authorize hospital, medical and surgical care related to such disease and such parent, parents, or legal guardian shall not be liable for payment for any care rendered pursuant to this section.</p>
§ 70.24.250	<p>Office on AIDS — Repository and clearinghouse for AIDS education and training material — University of Washington duties.</p> <p>There is established in the department an office on AIDS. If a department of health is created, the office on AIDS shall be transferred to the department of health, and its chief shall report directly to the secretary of health. The office on AIDS shall have as its chief a physician licensed under chapter 18.57 or 18.71 RCW or a person experienced in public health who shall report directly to the assistant secretary for health. This office shall be the repository and clearinghouse for all education and</p>

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	<p>training material related to the treatment, transmission, and prevention of AIDS. The office on AIDS shall have the responsibility for coordinating all publicly funded education and service activities related to AIDS. The University of Washington shall provide the office on AIDS with appropriate training and educational materials necessary to carry out its duties. The office on AIDS shall assist state agencies with information necessary to carry out the purposes of this chapter. The department shall work with state and county agencies and specific employee and professional groups to provide information appropriate to their needs, and shall make educational materials available to private employers and encourage them to distribute this information to their employees.</p>
§ 70.24.270	<p>Health professionals — Rules for AIDS education and training</p> <p>Each disciplining authority under chapter 18.130 RCW shall adopt rules that require appropriate education and training for licensees on the prevention, transmission, and treatment of AIDS. The disciplining authorities shall work with the office on AIDS under RCW 70.24.250 to develop the training and educational material necessary for health professionals.</p>
§ 70.24.320	<p>Counseling and testing -- AIDS and HIV -- Definitions</p> <p>Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.</p> <p>(1) "Pretest counseling" means counseling aimed at helping the individual understand ways to reduce the risk of HIV infection, the nature and purpose of the tests, the significance of the results, and the potential dangers of the disease, and to assess the individual's ability to cope with the results.</p> <p>(2) "Posttest counseling" means further counseling following testing usually directed toward increasing the individual's understanding of the human immunodeficiency virus infection, changing the individual's behavior, and, if necessary, encouraging the individual to notify persons with whom there has been contact capable of spreading HIV.</p> <p>(3) "AIDS counseling" means counseling directed toward increasing the individual's understanding of acquired immunodeficiency syndrome and changing the individual's behavior.</p> <p>(4) "HIV testing" means a test indicative of infection with the human immunodeficiency virus as specified by the board of health by rule.</p>
§ 70.24.325	<p>Counseling and testing -- Insurance requirements</p> <p>(1) This section shall apply to counseling and consent for HIV testing administered as part of an application for coverage authorized under Title 48 RCW.</p>

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	<p>(2) Persons subject to regulation under Title 48 RCW who are requesting an insured, a subscriber, or a potential insured or subscriber to furnish the results of an HIV 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:</p> <p>(a) Provide written information to the individual prior to being tested which explains:</p> <ul style="list-style-type: none"> (i) What an HIV test is; (ii) Behaviors that place a person at risk for HIV infection; (iii) That the purpose of HIV testing in this setting is to determine eligibility for coverage; (iv) The potential risks of HIV testing; and (v) Where to obtain HIV pretest counseling. <p>(b) Obtain informed specific written consent for an HIV test. The written informed consent shall include:</p> <ul style="list-style-type: none"> (i) An explanation of the confidential treatment of the test results which limits access to the results to persons involved in handling or determining applications for coverage or claims of the applicant or claimant and to those persons designated under (c)(iii) of this subsection; and (ii) Requirements under (c)(iii) of this subsection. <p>(c) Establish procedures to inform an applicant of the following:</p> <ul style="list-style-type: none"> (i) That post-test counseling, as specified under WAC 248-100-209(4), is required if an HIV test is positive or indeterminate; (ii) That post-test counseling occurs at the time a positive or indeterminate HIV test result is given to the tested individual; (iii) That the applicant may designate a health care provider or health care agency to whom the insurer, the health care service contractor, or health maintenance organization will provide positive or indeterminate test results for interpretation and post-test counseling. When an applicant does not identify a designated health care provider or health care agency and the applicant's test results are either positive or indeterminate, the insurer, the health care service contractor, or health maintenance organization shall provide the test results to the local health department for interpretation and post-test counseling; and (iv) That positive or indeterminate HIV test results shall not be sent directly to the applicant.
§ 70.24.330	<p>HIV testing -- Consent, exceptions</p> <p>No person may undergo HIV testing without the person's consent except:</p> <ul style="list-style-type: none"> (1) Pursuant to RCW 7.70.065 for incompetent persons; (2) In seroprevalence studies where neither the persons whose blood is being tested know the test results nor the persons conducting the tests know who is undergoing testing; (3) If the department of labor and industries determines that it is

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	<p>relevant, in which case payments made under Title 51 RCW may be conditioned on the taking of an HIV antibody test; or</p> <p>(4) As otherwise expressly authorized by this chapter.</p>
§ 70.24.340	<p>Convicted persons -- Mandatory testing and counseling for certain offenses -- Employees' substantial exposure to bodily fluids -- Procedure and court orders</p> <p>(1) Local health departments authorized under this chapter shall conduct or cause to be conducted pretest counseling, HIV testing, and posttest counseling of all persons:</p> <ul style="list-style-type: none"> (a) Convicted of a sexual offense under chapter 9A.44 RCW; (b) Convicted of prostitution or offenses relating to prostitution under chapter 9A.88 RCW; or (c) Convicted of drug offenses under chapter 69.50 RCW if the court determines at the time of conviction that the related drug offense is one associated with the use of hypodermic needles. <p>(2) Such testing shall be conducted as soon as possible after sentencing and shall be so ordered by the sentencing judge.</p> <p>(3) This section applies only to offenses committed after March 23, 1988.</p> <p>(4) A law enforcement officer, fire fighter, health care provider, health care facility staff person, department of corrections' staff person, jail staff person, or other categories of employment determined by the board in rule to be at risk of substantial exposure to HIV, who has experienced a substantial exposure to another person's bodily fluids in the course of his or her employment, may request a state or local public health officer to order pretest counseling, HIV testing, and posttest counseling for the person whose bodily fluids he or she has been exposed to. If the state or local public health officer refuses to order counseling and testing under this subsection, the person who made the request may petition the superior court for a hearing to determine whether an order shall be issued. The hearing on the petition shall be held within seventy-two hours of filing the petition, exclusive of Saturdays, Sundays, and holidays. The standard of review to determine whether the public health officer shall be required to issue the order is whether substantial exposure occurred and whether that exposure presents a possible risk of transmission of the HIV virus as defined by the board by rule. Upon conclusion of the hearing, the court shall issue the appropriate order.</p> <p>The person who is subject to the state or local public health officer's order to receive counseling and testing shall be given written notice of the order promptly, personally, and confidentially, stating the grounds and provisions of the order, including the factual basis therefor. If the person who is subject to the order refuses to comply, the state or local public health officer may petition the superior court for a hearing. The hearing on the petition shall be held within seventy-two hours of filing the</p>

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	<p>petition, exclusive of Saturdays, Sundays, and holidays. The standard of review for the order is whether substantial exposure occurred and whether that exposure presents a possible risk of transmission of the HIV virus as defined by the board by rule. Upon conclusion of the hearing, the court shall issue the appropriate order.</p> <p>The state or local public health officer shall perform counseling and testing under this subsection if he or she finds that the exposure was substantial and presents a possible risk as defined by the board of health by rule or if he or she is ordered to do so by a court.</p> <p>The counseling and testing required under this subsection shall be completed as soon as possible after the substantial exposure or after an order is issued by a court, but shall begin not later than seventy-two hours after the substantial exposure or an order is issued by the court.</p>
§ 70.24.360	<p>Jail detainees -- Testing and counseling of persons who present a possible risk</p> <p>Jail administrators, with the approval of the local public health officer, may order pretest counseling, HIV testing, and posttest counseling for persons detained in the jail if the local public health officer determines that actual or threatened behavior presents a possible risk to the staff, general public, or other persons. Approval of the local public health officer shall be based on RCW 70.24.024(3) and may be contested through RCW 70.24.024(4). The administrator shall establish, pursuant to RCW 70.48.071, a procedure to document the possible risk which is the basis for the HIV testing. "Possible risk," as used in this section, shall be defined by the board in rule. Documentation of the behavior, or threat thereof, shall be reviewed with the person to try to assure that the person understands the basis for testing.</p>
§ 70.24.370	<p>Correction facility inmates -- Counseling and testing of persons who present a possible risk -- Training for administrators and superintendents -- Procedure</p> <p>(1) Department of corrections facility administrators may order pretest counseling, HIV testing, and posttest counseling for inmates if the secretary of corrections or the secretary's designee determines that actual or threatened behavior presents a possible risk to the staff, general public, or other inmates. The department of corrections shall establish a procedure to document the possible risk which is the basis for the HIV testing. "Possible risk," as used in this section, shall be defined by the department of corrections after consultation with the board. Possible risk, as used in the documentation of the behavior, or threat thereof, shall be reviewed with the inmate.</p> <p>(2) Department of corrections administrators and superintendents who are authorized to make decisions about testing and dissemination of test information shall, at least annually, participate in training seminars on</p>

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	<p>public health considerations conducted by the assistant secretary for public health or her or his designee.</p> <p>(3) Administrative hearing requirements set forth in chapter 34.05 RCW do not apply to the procedure developed by the department of corrections pursuant to this section. This section shall not be construed as requiring any hearing process except as may be required under existing federal constitutional law.</p> <p>(4) RCW 70.24.340 does not apply to the department of corrections or to inmates in its custody or subject to its jurisdiction.</p>
§ 70.24.380	<p>Board of health -- Rules for counseling and testing</p> <p>The board of health shall adopt rules establishing minimum standards for pretest counseling, HIV testing, posttest counseling, and AIDS counseling.</p>
§ 70.24.400	<p>Department to establish regional AIDS service networks -- Funding -- Lead counties -- Regional plans -- University of Washington, center for AIDS education</p> <p>The department shall establish a statewide system of regional acquired immunodeficiency syndrome (AIDS) service networks as follows:</p> <p>(1) The secretary of health shall direct that all state or federal funds, excluding those from federal Title XIX for services or other activities authorized in this chapter, shall be allocated to the office on AIDS established in RCW 70.24.250. The secretary shall further direct that all funds for services and activities specified in subsection (3) of this section shall be provided to lead counties through contractual agreements based on plans developed as provided in subsection (2) of this section, unless direction of such funds is explicitly prohibited by federal law, federal regulation, or federal policy. The department shall deny funding allocations to lead counties only if the denial is based upon documented incidents of nonfeasance, misfeasance, or malfeasance. However, the department shall give written notice and thirty days for corrective action in incidents of misfeasance or nonfeasance before funding may be denied. The department shall designate six AIDS service network regions encompassing the state. In doing so, the department shall use the boundaries of the regional structures in place for the community services administration on January 1, 1988.</p> <p>(2) The department shall request that a lead county within each region, which shall be the county with the largest population, prepare, through a cooperative effort of local health departments within the region, a regional organizational and service plan, which meets the requirements set forth in subsection (3) of this section. Efforts should be made to use existing plans, where appropriate. The plan should place emphasis on contracting with existing hospitals, major voluntary organizations, or health care organizations within a region that have in the past provided</p>

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	<p>quality services similar to those mentioned in subsection (3) of this section and that have demonstrated an interest in providing any of the components listed in subsection (3) of this section. If any of the counties within a region do not participate, it shall be the lead county's responsibility to develop the part of the plan for the nonparticipating county or counties. If all of the counties within a region do not participate, the department shall assume the responsibility.</p> <p>(3) The regional AIDS service network plan shall include the following components:</p> <ul style="list-style-type: none"> (a) A designated single administrative or coordinating agency; (b) A complement of services to include: <ul style="list-style-type: none"> (i) Voluntary and anonymous counseling and testing; (ii) Mandatory testing and/or counseling services for certain individuals, as required by law; (iii) Notification of sexual partners of infected persons, as required by law; (iv) Education for the general public, health professionals, and high-risk groups; (v) Intervention strategies to reduce the incidence of HIV infection among high-risk groups, possibly including needle sterilization and methadone maintenance; (vi) Related community outreach services for runaway youth; (vii) Case management; (viii) Strategies for the development of volunteer networks; (ix) Strategies for the coordination of related agencies within the network; and (x) Other necessary information, including needs particular to the region; (c) A service delivery model that includes: <ul style="list-style-type: none"> (i) Case management services; and (ii) A community-based continuum-of-care model encompassing both medical, mental health, and social services with the goal of maintaining persons with AIDS in a home-like setting, to the extent possible, in the least-expensive manner; and (d) Budget, caseload, and staffing projections. <p>(4) Efforts shall be made by both the counties and the department to use existing service delivery systems, where possible, in developing the networks.</p> <p>(5) The University of Washington health science program, in cooperation with the office on AIDS may, within available resources, establish a center for AIDS education, which shall be linked to the networks. The center for AIDS education is not intended to engage in state-funded research related to HIV infection, AIDS, or HIV-related conditions. Its duties shall include providing the office on AIDS with the appropriate educational materials necessary to carry out that office's duties.</p>

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	<p>(6) The department shall implement this section, consistent with available funds, by October 1, 1988, by establishing six regional AIDS service networks whose combined jurisdictions shall include the entire state.</p> <p>(a) Until June 30, 1991, available funding for each regional AIDS service network shall be allocated as follows:</p> <p>(i) Seventy-five percent of the amount provided for regional AIDS service networks shall be allocated per capita based on the number of persons residing within each region, but in no case less than one hundred fifty thousand dollars for each regional AIDS service network per fiscal year. This amount shall be expended for testing, counseling, education, case management, notification of sexual partners of infected persons, planning, coordination, and other services required by law, except for those enumerated in (a)(ii) of this subsection.</p> <p>(ii) Twenty-five percent of the amount provided for regional AIDS service networks shall be allocated for intervention strategies specifically addressing groups that are at a high risk of being infected with the human immunodeficiency virus. The allocation shall be made by the office on AIDS based on documented need as specified in regional AIDS network plans.</p> <p>(b) After June 30, 1991, the funding shall be allocated as provided by law.</p> <p>(7) The regional AIDS service networks shall be the official state regional agencies for AIDS information education and coordination of services. The state public health officer, as designated by the secretary of health, shall make adequate efforts to publicize the existence and functions of the networks.</p> <p>(8) If the department is not able to establish a network by an agreement solely with counties, it may contract with nonprofit agencies for any or all of the designated network responsibilities.</p> <p>(9) The department, in establishing the networks, shall study mechanisms that could lead to reduced costs and/or increased access to services. The methods shall include capitation.</p> <p>(10) The department shall reflect in its departmental biennial budget request the funds necessary to implement this section.</p> <p>(11) The use of appropriate materials may be authorized by regional AIDS service networks in the prevention or control of HIV infection.</p>
§ 70.24.450	<p>Confidentiality — Reports — Unauthorized disclosures.</p> <p>(1) In order to assure compliance with the protections under this chapter and the rules of the board, and to assure public confidence in the confidentiality of reported information, the department shall:</p> <p>(a) Report annually to the board any incidents of unauthorized disclosure by the department, local health departments, or their employees of information protected under RCW 70.24.105. The report shall include recommendations for preventing future unauthorized</p>

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	<p>disclosures and improving the system of confidentiality for reported information; and</p> <p>(b) Assist health care providers, facilities that conduct tests, local health departments, and other persons involved in disease reporting to understand, implement, and comply with this chapter and the rules of the board related to disease reporting.</p> <p>(2) This section is exempt from RCW 70.24.084, 70.05.070, and 70.05.120.</p>

Washington Administrative Code
Title 36: Professional Athletics – Department of Licensing

Title 36 WAC	Code Language
36-12-240	<p>To prevent injury to contestants -- Physical qualifications and exams.</p> <p>(1) A boxer applying for a license to box in this state shall meet the following standards:</p> <p>(a) Be certified by a physician as described in RCW 67.08.002(11) to be physically fit to safely compete in professional boxing. The examination shall include, but not be limited to:</p> <ul style="list-style-type: none"> (i) Eyesight; (ii) Blood pressure; (iii) Communicable blood diseases including, but not limited to, HIV, Hepatitis B, and Hepatitis C; and (iv) Other physical factors the department determines are necessary to show a boxer is physically fit to safely compete in professional boxing. <p>(b) In addition to the requirements of (a) of this subsection, if a boxer is over thirty-six years old, or has lost six consecutive fights, the physical certification in (a) of this subsection must include proof of:</p> <ul style="list-style-type: none"> (i) A complete physical exam which includes an electroencephalogram (EEG) and an electrocardiogram (EKG); and (ii) Any other specialized medical testing that may be determined necessary by the department. <p>(2) The event physician shall examine boxers and referees within twenty-four hours prior to and immediately following an event to determine that they meet the standards in subsection (1)(a) of this section with the exception of the requirements of RCW 67.08.090(5) unless the department notifies the event physician that drug testing is required following an event.</p> <p>(3) A boxer who tests positive on a drug test required by RCW 67.08.090(5) or in subsection (2) of this section shall not be allowed to box in any event.</p> <p>(4) When a contestant has been knocked out, none of the handlers are to touch the contestant, except to remove the mouthpiece until the attending physician enters the ring and personally attends the fallen contestant, and issues such instructions as deemed necessary to the contestant's handlers.</p>

Washington Administrative Code Title 170: Department of Early Learning

Title 170 WAC	Code Language
170-295-1110	<p>Child care centers - Who must have Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS) and bloodborne pathogen training?</p> <p>(1) Every employee who is included in the staff to child ratio must have written proof of HIV/AIDS and bloodborne pathogen training that includes prevention, transmission, treatment and confidentiality issues.</p> <p>(2) You must comply with applicable Washington Industrial Safety and Health Act (WISHA)/labor and industries safety and health regulations under chapter 296-823 WAC that apply to you.</p>

<p>Washington Administrative Code Title 246: Department of Health</p>
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Title 246 WAC	Code Language
246-100-036	<p>Responsibilities and duties – Local health officers.</p> <p>(2) Local health officers shall:</p> <p>(a) Notify health care providers within the health district regarding requirements in this chapter;</p> <p>(b) Ensure anonymous HIV testing is reasonably available;</p> <p>(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;</p> <p>(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;</p> <p>(e) Use identifying information on HIV-infected individuals provided according to chapter 246-101 WAC only:</p> <p>(i) For purposes of contacting the HIV-positive individual to provide test results and post-test counseling; or</p> <p>(ii) To contact persons who have experienced substantial exposure, including sex and injection equipment-sharing partners, and spouses; or</p> <p>(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</p> <p>(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.</p>
246-100-072	<p>Rules for notification of partners at risk of HIV infection.</p> <p>(1) A local health officer or authorized representative shall:</p> <p>(a) Within seven days of receipt of a report indicative of a previously unreported case of HIV infection, contact the principal health care provider to determine the best means and the necessity of conducting a partner notification case investigation; and</p> <p>(b) Contact the HIV-infected person for the purpose of providing assistance in notifying 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 pretest counseling and HIV testing, unless:</p> <p>(i) The principal health care provider recommends that the state or local health officer not meet with the HIV-infected individual for the purpose of notifying partners, including spouses; or</p> <p>(ii) The local health officer determines a partner notification case investigation is not necessary;</p> <p>(c) Provide assistance notifying partners in accordance with the "HIV Partner Counseling and Referral Services -- Guidance" as published by the</p>

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	<p>Centers for Disease Control and Prevention, December 1998.</p> <p>(2) If the local health officer decides to conduct the partner notification case investigation, the principal health care provider:</p> <p>(a) May provide recommendations to the state or local health officer on the best means of contacting the HIV-infected individual for the purpose of notifying sex or injection equipment-sharing partners, including spouses, that partners may have been exposed to and infected with HIV and that partners should seek HIV pretest counseling and HIV testing; and</p> <p>(b) Shall inform the HIV-infected person that the local health officer or authorized representative will contact the HIV-infected person for the purpose of providing assistance with the notification of partners.</p> <p>(3) If the principal health care provider recommends that the state or local health officer not meet with the HIV-infected individual for the purpose of notifying partners, including spouses, the principal health care provider shall:</p> <p>(a) Inform the HIV-infected individual of the necessity to notify sex and injection equipment-sharing partners, including spouses, that they have been exposed to and may be infected with HIV and should seek HIV testing; and</p> <p>(b) Provide assistance notifying partners in accordance with the "HIV Partner Counseling and Referral Services -- Guidance" as published by the Centers for Disease Control and Prevention, December 1998; and</p> <p>(c) Inform the local health officer or an authorized representative of the identity of sex or injection equipment-sharing partners known to the provider when the HIV-infected individual either refuses or is unable to notify such partners and confirm notification to the health care provider; and</p> <p>(d) Upon request of the state or local health officer, report the number of exposed partners, including spouses that have been contacted and offered HIV testing.</p> <p>(4) A health care provider shall not disclose the identity of an HIV-infected individual or the identity of sex and injection equipment-sharing partners, including spouses, at risk of HIV infection, except as authorized in RCW 70.24.105 or WAC 246-100-072.</p> <p>(5) Local health officers and authorized representatives shall:</p> <p>(a) Use identifying information, provided according to this section, on HIV-infected individuals only for:</p> <p>(i) Contacting the HIV-infected individual to provide post-test counseling or to contact sex and injection equipment-sharing partners, including spouses; or</p> <p>(ii) Carrying out an 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; and</p> <p>(b) Destroy documentation of referral information established under this subsection, containing identities and identifying information on the</p>

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	<p>HIV-infected individual and at-risk partners of that individual, immediately after notifying partners or within three months of the date information was received, whichever occurs first 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.</p> <p>(6) A health care provider may consult with the local health officer or an authorized representative about an HIV-infected individual and the need for notification of partners at any time.</p>
246-100-205	<p>Special diseases -- HIV -- Testing and counseling following occupational exposure.</p> <p>A person who has experienced a substantial exposure to another person's bodily fluids in a manner that presents a possible risk of transmission of HIV, and who is exposed while engaged in a category of employment determined to be at risk of substantial exposure to HIV, may ask a state or local health officer to order pretest counseling, HIV testing, and post-test counseling of the person who was the source of the bodily fluids in accordance with RCW 70.24.340.</p> <p>(1) Substantial exposure that presents a possible risk of transmission shall be limited to:</p> <ul style="list-style-type: none"> (a) A physical assault upon the exposed person involving blood or semen; (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. <p>(2) The alleged exposure must have occurred on the job while the 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:</p> <ul style="list-style-type: none"> (a) Law enforcement officer; (b) Fire fighter; (c) Health care provider; (d) Staff of health care facilities; (e) Funeral director; or (f) Embalmer. <p>(3) The health officer shall:</p> <ul style="list-style-type: none"> (a) Determine that the alleged exposure meets the criteria established in this section for substantial exposure that presents a possible risk of transmission; and (b) Ensure that pretest counseling of the individual to be tested, or a legal representative, occurs; and (c) Arrange for testing of the individual who is the source of the exposure to occur within seven days of the request from the

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	<p>person exposed; and</p> <p>(d) Ensure that records on HIV testing ordered by a health officer are maintained only by the ordering health officer.</p> <p>(4) The health officer, as a precondition for ordering counseling and testing of the person who was the source of the bodily fluids, may require that the exposed individual agree to be tested for HIV if such testing is determined appropriate by the health officer.</p> <p>(5) This section does not apply to the department of corrections or to inmates in its custody or subject to its jurisdiction.</p>
246-100-207	<p>Human immunodeficiency virus (HIV) testing -- Ordering -- Laboratory screening -- Interpretation -- Reporting.</p> <p>(1) Any person ordering or prescribing an HIV test for another, except for seroprevalent studies under chapter 70.24 RCW or provided under subsections (2) and (3) of this section or provided under WAC 246-100-208(1), shall:</p> <p>(a) Provide a brief evaluation of both behavioral and clinical HIV risk factors; and</p> <p>(b) Unless the person has been previously tested and declines receipt of information, explicitly provide verbal or written information that is culturally, linguistically, developmentally and, medically appropriate to the individual being tested regarding HIV including:</p> <p>(i) The benefits of learning HIV status and the potential dangers of the disease; and</p> <p>(ii) A description of ways in which HIV is transmitted and ways in which it can be prevented; and</p> <p>(iii) The meaning of HIV test results and the importance of obtaining test results; and</p> <p>(iv) As appropriate, the availability of anonymous HIV testing and the differences between anonymous testing and confidential testing; and</p> <p>(c) Obtain or ensure explicit verbal or written informed consent of the individual to be tested prior to ordering or prescribing an HIV test, unless excepted under provisions in chapter 70.24 RCW and document the consent of the individual being tested; and</p> <p>(d) Recommend and offer or refer for pretest counseling described under WAC 246-100-209 to any person requesting pretest counseling and to any person determined to be at increased risk for HIV as defined by Federal Centers for Disease Control and Prevention published in Revised Guidelines for HIV Counseling, Testing and Referral, November 9, 2001. The individual's decision to refuse pretest counseling is not grounds for denying HIV testing; and</p> <p>(e) Provide or refer for other appropriate prevention, support or medical services, including Hepatitis services; and</p> <p>(f) Provide or ensure successful completion of referral for post-test</p>

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	<p>counseling described under WAC 246-100-209 if the HIV test is positive for or suggestive of HIV infection; and</p> <p>(g) In the event that the individual tests positive, had a confidential test, and fails to return for post-test counseling, provide the name of the individual and locating information to the local health officer for follow-up to provide post-test counseling as required by WAC 246-100-209(2).</p> <p>(2) Any person authorized to order or prescribe an HIV test for another may offer anonymous HIV testing without restriction.</p> <p>(3) Blood banks, tissue banks, and others collecting or processing blood, sperm, tissues, or organs for transfusion/transplanting shall:</p> <p>(a) Obtain or ensure informed specific consent of the individual prior to ordering or prescribing an HIV test, unless excepted under provisions in chapter 70.24 RCW;</p> <p>(b) Explain that the reason for HIV testing is to prevent contamination of the blood supply, tissue, or organ bank donations;</p> <p>(c) At the time of notification regarding a positive HIV test, provide or ensure at least one individual counseling session; and</p> <p>(d) Inform the individual that the name of the individual testing positive for HIV infection will be confidentially reported to the state or local health officer.</p> <p>(4) 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 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:</p> <p>(a) Before obtaining a specimen to perform an HIV test, provide written information to the individual tested explaining:</p> <p>(i) What an HIV test is;</p> <p>(ii) Behaviors placing a person at risk for HIV infection;</p> <p>(iii) The purpose of HIV testing in this setting is to determine eligibility for coverage;</p> <p>(iv) The potential risks of HIV testing; and</p> <p>(v) Where to obtain HIV pretest counseling.</p> <p>(b) Obtain informed specific written consent for an HIV test. The written informed consent shall include:</p> <p>(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</p> <p>(ii) That the name of the individual testing positive for HIV infection will be confidentially reported to the state or local health officer; and</p> <p>(iii) Requirements under subsection (4)(c) of this section.</p>

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	<p>(c) Establish procedures to inform an applicant of the following:</p> <ul style="list-style-type: none"> (i) Post-test counseling specified under WAC 246-100-209(2) 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 is required to designate a health care provider or health care agency to whom positive or indeterminate HIV test results are to be provided for interpretation and post-test counseling; and (iv) When an individual applicant does not identify a designated health care provider or health care agency and the applicant's HIV 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 for interpretation and post-test counseling. <p>(5) Laboratories and other places where HIV testing is performed must demonstrate compliance with all of the requirements in the Medical test site rules, chapter 246-338 WAC.</p> <p>(6) The department laboratory quality assurance section shall accept substitutions for EIA screening only as approved by the United States Food and Drug Administration (FDA) and a published list or other written FDA communication.</p> <p>(7) Persons informing a tested individual of positive laboratory test results indicating HIV infection shall do so only when:</p> <ul style="list-style-type: none"> (a) The test or sequence of tests has been approved by the United States Food and Drug Administration (FDA) or the Federal Centers for Disease Control and Prevention as a confirmed positive test result; and (b) Such information consists of relevant, pertinent facts communicated in such a way that it will be readily understood by the recipient. <p>(8) Persons may inform a tested individual of the unconfirmed reactive results of an FDA-approved rapid HIV test provided the test result is interpreted as preliminarily positive for HIV antibodies, and the tested person is informed that:</p> <ul style="list-style-type: none"> (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.

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246-100-208	<p>Counseling standard -- AIDS counseling.</p> <p>(1) Principal health care providers shall counsel or ensure AIDS counseling for each pregnant woman continuing the pregnancy. This subsection shall not apply when health care is sought in order to terminate a pregnancy or as a result of a terminated pregnancy. "AIDS counseling" for a pregnant woman means:</p> <ul style="list-style-type: none"> (a) Performing a risk screening that includes an assessment of sexual and drug use history as part of the intake process; (b) Providing written or verbal information on HIV infection that at a minimum includes: <ul style="list-style-type: none"> (i) All pregnant women are recommended to have an HIV test; (ii) HIV is the cause of AIDS and how HIV is transmitted; (iii) A woman may be at risk for HIV infection, and not know it; (iv) The efficacy of treatments to reduce vertical transmission; (v) The availability of anonymous testing, and why confidential testing is recommended for pregnant women; (vi) The need to report HIV infection; (vii) Public funds are available to assist eligible HIV-infected women receive medical care and other assistance; and (viii) Women who decline testing will not be denied care for themselves or their infants; (c) Obtaining the informed consent of the pregnant woman, separately or as part of the consent for a battery of other routine tests provided that the woman is specifically informed in writing or verbally that a test for HIV is included; (d) Providing HIV testing unless the pregnant woman refuses to give consent; (e) If the pregnant woman refuses a confidential test, discussing and addressing reasons for refusal and document in the medical record that refusal and the provision of education on the benefits of HIV testing; (f) If the risk screening indicates, providing or referring for behavioral change counseling for women who: <ul style="list-style-type: none"> (i) Have or recently have had a sexual partner(s) who is known to be HIV infected or is a man who has sex with another man or is an injection drug user; (ii) Uses or recently have used injection drugs; (iii) Have signs or symptoms of HIV seroconversion; (iv) Currently have or recently have exchanged sex for drugs or money or had a sexually transmitted disease or had multiple sex partners; or (v) Express a need for further, more intensive counseling; and (g) Basing the behavioral change counseling on the standards defined in WAC 246-100-209 and the recommendations of the federal Centers for Disease Control and Prevention published in Revised Guidelines for HIV Counseling, Testing and Referral, and Revised Recommendations for HIV Screening of Pregnant Women, November 9, 2001; and (h) Offering referrals and providing follow-up to other necessary

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	<p>medical, social and HIV prevention services.</p> <p>(2) Health care providers may obtain a sample brochure addressing the elements of subsection (1)(b) of this section by contacting the department of health's HIV prevention program at P.O. Box 47840, Olympia, WA 98504-7840.</p> <p>(3) Principal health care providers shall counsel or ensure AIDS 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.</p> <p>(4) Drug treatment programs under chapter 70.96A RCW shall provide or ensure provision of AIDS counseling as defined in WAC 246-100-011(2) for each person in a drug treatment program.</p> <p>(5) Health care providers, persons, and organizations providing AIDS counseling in subsections (3) and (4) of this section shall:</p> <ul style="list-style-type: none"> (a) Assess the behaviors of each individual counseled for risk of acquiring and transmitting human immunodeficiency virus (HIV); (b) Maintain a nonjudgmental environment during counseling which: <ul style="list-style-type: none"> (i) Considers the individual's particular circumstances; and (ii) Is culturally, linguistically, and developmentally appropriate to the individual being counseled. (c) Focus counseling on behaviors increasing the risk of HIV acquisition and transmission; (d) Offer or refer for HIV testing and provide or ensure provision of personalized risk reduction education to individuals who are determined to be at increased risk for HIV as defined by Federal Centers for Disease Control and Prevention published in Revised Guidelines for HIV Counseling, Testing and Referral, November 9, 2001. <p>(6) Persons and organizations providing AIDS counseling may provide additional or more comprehensive counseling than required in this section.</p>
246-100-209	<p>Counseling standards -- Human immunodeficiency virus (HIV) pretest counseling -- HIV post-test counseling.</p> <p>(1) Health care providers and other persons providing pretest counseling shall assess the individual's risk of acquiring and transmitting HIV by evaluating information about the individual's possible risk-behaviors and unique circumstances, and as appropriate;</p> <ul style="list-style-type: none"> (a) 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 (b) Assist the individual to set a realistic behavior-change goal and establish strategies for reducing their risk of acquiring or transmitting HIV; and (c) Provide appropriate risk reduction skills-building opportunities to

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	<p>support the behavior change goal; and</p> <p>(d) Provide or refer for other appropriate prevention, support or medical services, including those services for other bloodborne pathogens.</p> <p>(2) Health care providers and other persons providing post-test counseling shall:</p> <p>(a) For all individuals tested for HIV, offer at least one individual counseling session at the time HIV test results are disclosed consistent with the requirements in subsection (1) of this section; and</p> <p>(b) If the individual being counseled tested positive for HIV infection:</p> <p>(i) Provide or arrange for at least one individual in-person counseling session consistent with the requirements in subsection (1) of this section;</p> <p>(ii) Unless testing was anonymous, inform the individual that the identity of the individual testing positive for HIV infection will be confidentially reported to the state or local health officer;</p> <p>(iii) Ensure compliance with the partner notification provisions contained in WAC 246-100-072, and inform the tested person of those requirements;</p> <p>(iv) Develop or adopt a system to avoid documenting the names of referred partners in the permanent record of the individual being counseled; and</p> <p>(v) Offer referral for alcohol and drug and mental health counseling, including suicide prevention, if appropriate; and</p> <p>(vi) Provide or refer for medical evaluation including services for other bloodborne pathogens, antiretroviral treatment, HIV prevention and other support services; and</p> <p>(vii) Provide or refer for tuberculosis screening.</p>
246-101-101	<p>Notifiable conditions and the health care provider.</p> <p>This section describes the conditions that Washington's health care providers must notify public health authorities of on a statewide basis. The board finds that the conditions in the table below (Table HC-1) are notifiable for the prevention and control of communicable and noninfectious diseases and conditions in Washington. Principal health care providers shall notify public health authorities of these conditions as individual case reports using procedures described throughout this chapter. Other health care providers in attendance shall notify public health authorities of the following notifiable conditions, unless the condition notification has already been made. Local health officers may require additional conditions to be notifiable within the local health officer's jurisdiction.</p> <p>WAC 246-101-105, 246-101-110, 246-101-115, and 246-101-120 also include requirements for how notifications shall be made, when they shall be made, the content of these notifications, and how information regarding notifiable conditions cases must be handled and may be</p>

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	<p>disclosed.</p> <p style="text-align: center;">Table HC-1 (Conditions Notifiable by Health Care Providers)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><i>Notifiable Condition</i></th> <th style="text-align: center;"><i>Time Frame for Notification</i></th> <th style="text-align: center;"><i>Notifiable to Local Health Department</i></th> </tr> </thead> <tbody> <tr> <td>Human immunodeficiency virus (HIV) infection</td> <td style="text-align: center;">Within 3 work days</td> <td style="text-align: center;">√</td> </tr> </tbody> </table>	<i>Notifiable Condition</i>	<i>Time Frame for Notification</i>	<i>Notifiable to Local Health Department</i>	Human immunodeficiency virus (HIV) infection	Within 3 work days	√
<i>Notifiable Condition</i>	<i>Time Frame for Notification</i>	<i>Notifiable to Local Health Department</i>					
Human immunodeficiency virus (HIV) infection	Within 3 work days	√					
246-101-115	<p>Content of notifications.</p> <p>(1) For each condition listed in Table HC-1, health care providers must provide the following information for each case or suspected case:</p> <ul style="list-style-type: none"> (a) Name; (b) Address; (c) Telephone number; (d) Date of birth; (e) Sex; (f) Diagnosis or suspected diagnosis of disease or condition; (g) Pertinent laboratory data, if available; (h) Name and address or telephone number of the principal health care provider; (i) Name and address or telephone number of the person providing the report; and (j) Other information as the department may require on forms generated by the department. <p>(2) The local health officer or state health officer may require other information of epidemiological or public health value.</p>						

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246-101-301	<p>Notifiable conditions and health care facilities.</p> <p>This section describes the conditions that Washington's health care facilities must notify public health authorities of on a statewide basis. The board finds that the conditions in the table below (Table HF-1) are notifiable for the prevention and control of communicable and noninfectious diseases and conditions. Local health officers may require additional conditions to be notifiable within the local health officer's jurisdiction. Health care facilities are required to notify public health authorities of cases that occur in their facilities. Health care facilities may choose to assume the notification for their health care providers for conditions designated in Table HF-1. Health care facilities may not assume the reporting requirements of laboratories that are components of the health care facility. Local health officers may require additional conditions to be notifiable within the local health officer's jurisdiction.</p> <p>WAC 246-101-305, 246-101-310, 246-101-315, and 246-101-320 also include requirements for how notifications shall be made, when they are made, the content of these notifications, and how information regarding notifiable conditions cases must be handled and may be disclosed.</p> <p style="text-align: center;">Table HF-1 (Conditions Notifiable by Health Care Facilities)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><i>Notifiable Condition</i></th> <th style="text-align: center;"><i>Time Frame for Notification</i></th> <th style="text-align: center;"><i>Notifiable to Local Health Department</i></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Human immunodeficiency virus (HIV) infection</td> <td style="text-align: center;">Within 3 work days</td> <td style="text-align: center;">√</td> </tr> </tbody> </table>	<i>Notifiable Condition</i>	<i>Time Frame for Notification</i>	<i>Notifiable to Local Health Department</i>	Human immunodeficiency virus (HIV) infection	Within 3 work days	√
<i>Notifiable Condition</i>	<i>Time Frame for Notification</i>	<i>Notifiable to Local Health Department</i>					
Human immunodeficiency virus (HIV) infection	Within 3 work days	√					
246-101-315	<p>Content of notifications.</p> <p>(1) For each condition listed in Table HF-1, health care facilities must provide the following information for each case or suspected case:</p> <ul style="list-style-type: none"> (a) Name; (b) Address; (c) Telephone number; (d) Date of birth; (e) Sex; (f) Diagnosis or suspected diagnosis of disease or condition; (g) Pertinent laboratory data (if available); (h) Name and address or telephone number of the principal health care provider; (i) Name and address or telephone number of the person providing the report; and (j) Other information as the department may require on forms generated by the department. <p>(2) The local health officer or state health officer may require other information of epidemiological or public health value.</p>						

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246-101-520	<p>Special conditions — AIDS and HIV.</p> <p>(1) The local health officer and local health department personnel shall maintain individual case reports for AIDS and HIV as confidential records consistent with the requirements of this section. The local health officer and local health department personnel must:</p> <ul style="list-style-type: none"> (a) Use identifying information on HIV-infected individuals only: <ul style="list-style-type: none"> (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; or (iv) As specified in WAC 246-100-072; or (v) To provide case reports to the state health department. (b) Destroy case report identifying information on asymptomatic HIV-infected individuals received as a result of this chapter within three months of receiving a complete case report, or maintain HIV case reports in secure systems that meet the following standards and are consistent with the 2006 Security and Confidentiality Guidelines developed by the Centers for Disease Control and Prevention: <ul style="list-style-type: none"> (i) Secure systems must be described in written policies that are reviewed annually by the local health officer; (ii) Access to case report information must be limited to health department staff who need it to perform their job duties and a current list of these staff must be maintained by the local health officer; (iii) All physical locations containing electronic or paper copies of surveillance data must be enclosed in a locked, secured area with limited access and not accessible by window; (iv) Paper copies or electronic media containing surveillance information must be housed inside locked file cabinets that are in the locked, secured area; (v) A crosscut shredder must be available for destroying information and electronic media must be appropriately sanitized prior to disposal; (vi) Files or data bases containing confidential information must reside on either stand-alone computers with restricted access or on networked drives with proper access controls, encryption software and firewall protection; (vii) Electronic communication of confidential information must be protected by encryption standards that are reviewed annually by the local health officer; (viii) Locking briefcases must be available for transporting confidential information; (c) If maintaining identifying information on asymptomatic HIV-infected individuals more than ninety days following receipt of a completed case report, cooperate with the department of health in biennial review of system security measures described in (b) of this subsection. (d) Destroy documentation of referral information established in WAC

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	<p>246-100-072 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 unless such documentation is being used in an 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.</p> <p>(e) Not disclose identifying information received as a result of this chapter unless:</p> <ul style="list-style-type: none"> (i) Explicitly and specifically required to do so by state or federal law; or (ii) Authorized by written patient consent. <p>(2) Local health department personnel are authorized to use HIV identifying information obtained as a result of this chapter only for the following purposes:</p> <ul style="list-style-type: none"> (a) Notification of persons with substantial exposure, including sexual or syringe-sharing partners; (b) Referral of the infected individual to social and health services; (c) Linkage to other public health data bases, provided that the identity or identifying information on the HIV-infected person is not disclosed outside of the health department; and (d) Investigations pursuant to RCW 70.24.022 or 70.24.024. <p>(3) Public health data bases do not include health professions licensing records, certifications or registries, teacher certification lists, other employment rolls or registries, or data bases maintained by law enforcement officials.</p> <p>(4) Local health officials will report HIV infection cases to the state health department.</p> <p>(5) Local health officers must require and maintain signed confidentiality agreements with all health department employees with access to HIV identifying information. These agreements will be renewed at least annually and include reference to criminal and civil penalties for violation of chapter 70.24 RCW and other administrative actions that may be taken by the department.</p> <p>(6) Local health officers must investigate potential breaches of the confidentiality of HIV identifying information by health department employees. All breaches of confidentiality must be reported to the state health officer or their designee for review and appropriate action.</p> <p>(7) Local health officers and local health department personnel must assist the state health department to reascertain the identities of previously reported cases of HIV infection.</p>
246-136-020	<p>Agreements between local health jurisdictions and local jails.</p> <p>By November 1, 1997, local health officials and local jail administrators shall establish interagency agreements to include at a minimum:</p>

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	<p>(1) The title of the official in the local health department assigned the duty for disclosing sexually transmitted disease information as required by RCW 70.24.105 (4)(b) and the title of the health care administrator or infection control coordinator in the local jail assigned the duty of receiving of such information;</p> <p>(2) A statement indicating that sexually transmitted disease status information is confidential and that release of such information is governed by law;</p> <p>(3) The title of the person in the local jail or local health jurisdiction assigned the duty for disclosing sexually transmitted disease information or other communicable disease information to the exposed jail staff member in accordance with RCW 70.24.105 (4)(d);</p> <p>(4) The anticipated number of days or hours from the time:</p> <p style="padding-left: 20px;">(a) That a member of a jail staff has been possibly substantially exposed to the bodily fluids of a detained person to the time that report has been provided to the local health officer;</p> <p style="padding-left: 20px;">(b) That such a report has been received by the local health officer to the time that a determination of substantial exposure has been made and, if appropriate, the detained person is ordered to be tested for HIV;</p> <p style="padding-left: 20px;">(c) That mandated or other known HIV test results and other communicable disease information is disclosed only as permitted by law to the exposed jail staff person, after the detained person has been ordered to be tested for HIV; and</p> <p style="padding-left: 20px;">(d) That the results of a new HIV test done as a result of the exposure is disclosed to the exposed jail staff person, after the detained person has been ordered to be tested for HIV;</p> <p>(5) The title and position of the position responsible for submitting to the department of health by December 1, 1997, a report to include:</p> <p style="padding-left: 20px;">(a) The number of negative, positive and other HIV test results disclosed to department of corrections health staff or local jail health staff as required by RCW 70.24.105 (4)(a) and (b);</p> <p style="padding-left: 20px;">(b) A listing, without jail staff or detainee identifying information, of the requests for determination of substantial exposure, the determination made and the circumstances of the exposure, and the information disclosed to the exposed jail staff person from existing records, and information disclosed to the exposed jail staff person as a new HIV or other testing.</p>
246-322-060	<p>Private psychiatric and alcoholism hospitals - HIV/AIDS education and training.</p> <p>The licensee shall:</p> <p>(1) Verify or arrange appropriate education and training of staff within thirty days of employment on the prevention, transmission, and</p>

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	<p>treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310; and</p> <p>(2) Use infection control standards and educational material consistent with:</p> <p>(a) The approved curriculum manual KNOW - HIV/AIDS Prevention Education for Health Care Facility Employees, January 1991, or subsequent editions published by the department; and</p> <p>(b) WAC 296-62-08001, Bloodborne pathogens implementing WISHA.</p>
246-324-060	<p>Private alcohol and chemical dependency hospitals - HIV/AIDS education and training.</p> <p>The licensee shall:</p> <p>(1) Verify or arrange appropriate education and training of staff within thirty days of employment on the prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310; and</p> <p>(2) Use infection control standards and educational material consistent with:</p> <p>(a) The approved curriculum manual KNOW - HIV/AIDS Prevention Education for Health Care Facility Employees, January 1991, or subsequent editions published by the department; and</p> <p>(b) WAC 296-62-08001, Bloodborne pathogens implementing WISHA.</p>
246-329-120	<p>Birth center policies and procedures.</p> <p>The purpose of this section is to ensure the birth center is able to provide safe and appropriate care to the clients of the birth center.</p> <p>(1) An applicant or licensee must establish and implement policy and procedures which include, but are not limited to:</p> <p>(a) Definition of a low-risk maternal client who is eligible for birth services offered by the birth center.</p> <p>(b) Definition of a client who is ineligible for birth services at the birth center.</p> <p>(c) Identification and transfer of clients who, during the course of pregnancy, are determined to be ineligible.</p> <p>(d) Identification and transfer of clients who, during the course of labor or recovery, are determined to be ineligible for continued care in the birth center.</p> <p>(e) Written plans for consultation, referral and transfer of care for maternal client and newborn. Written plans for emergency transfer and transport of a newborn to a newborn nursery or neonatal intensive care nursery, and emergency transfer and transport of a maternal client to an appropriate obstetrical department, patient care area, or hospital where appropriate care is available.</p> <p>(f) Transfer and discharge of neonates to minimize risk of newborn</p>

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	<p>abduction.</p> <p>(g) Protocol for medications and laboratory testing during labor and recovery if the birth center plans to deliver HIV positive clients.</p> <p>(h) Rapid HIV testing using the opt out approach for women who have undocumented HIV test results when presenting to the birth center in labor.</p> <p>(i) Protocol for electronic fetal heart monitoring or intermittent auscultation to monitor fetal status during labor.</p> <p>(j) Protocol for the provision of MMR vaccine to nonimmune postpartum women.</p> <p>(k) Protocol for the provision of anti D immune globulin to postpartum women who are unsensitized D-Negative and who deliver a D positive or Du positive infant.</p> <p>(2) The applicant or licensee shall assure that transfer of care shall be available twenty-four hours per day to an appropriate obstetrical department, patient care area, or hospital where appropriate care is available.</p> <p>(3) Clients shall receive and sign written informed consent which shall be obtained prior to the onset of labor and shall include, but is not limited to:</p> <p>(a) Evidence of an explanation by personnel of the birth services offered, limitation of services, and potential risks;</p> <p>(b) Explanation of the definition of low-risk maternal client;</p> <p>(c) Explanation of a client who is ineligible for childbirth center services;</p> <p>(d) Explanation of the birth center policies and procedures for consultation, referral, transfer of care and emergency transfer and transport;</p> <p>(e) Explanation of prophylactic treatment of the eyes of the newborn in accordance with WAC 246-100-206 (6)(b);</p> <p>(f) Explanation of screening of newborns under chapter 70.83 RCW and chapter 246-650 WAC; and</p> <p>(g) Explanation of why rapid HIV testing is available if documentation of an HIV test during prenatal care is not available;</p> <p>(h) Explanation of the need for prophylactic administration of RhIG (immune globulin) within seventy-two hours of delivery for an Rh negative mother whose newborn(s) are Rh positive.</p> <p>(4) The birth center shall provide or assure:</p> <p>(a) Education of clients, family and support persons in childbirth and newborn care.</p> <p>(b) Plans for immediate and long-term follow-up of clients after discharge from the birth center.</p> <p>(c) Registration of birth and reporting of complications and anomalies, including sentinel birth defect reporting under chapter 70.58 RCW.</p> <p>(d) Prophylactic treatment of the eyes of the newborn in accordance with WAC 246-100-206 (5)(b).</p> <p>(e) Collection of a newborn screening blood specimen, or signed refusal, and submission to the department's newborn screening program</p>

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	<p>under the requirements of WAC 246-650-020.</p> <p>(f) Rapid HIV testing when documentation of an HIV test during prenatal care is not available, unless the client refuses to give consent and the refusal is documented.</p> <p>(g) For HIV positive women, the antiretroviral medications during delivery and perform or arrange appropriate lab tests.</p> <p>(h) Intrapartum intravenous antibiotics for Group B Strep positive women per the CDC protocol.</p> <p>(i) For Hepatitis B positive women, HBIG and Hepatitis B immunization for the newborn.</p> <p>(j) Infection control to housekeeping; cleaning, sterilization, sanitization, and storage of supplies and equipment, and health of personnel and clients.</p> <p>(k) Actions to take when personnel, volunteers, contractors, or patients or clients exhibit or report symptoms of a communicable disease in an infectious stage in accordance with chapter 246-100 WAC, Communicable and certain other diseases and chapter 246-101 WAC, Notifiable conditions.</p> <p>(l) Authorization and administration of medications, legend drugs and devices per appropriate health profession rules.</p> <p>(m) Actions to address patient or client communication needs.</p> <p>(n) Reporting of patient/client abuse and neglect according to chapter 74.34 RCW.</p> <p>(o) Emergency care of client.</p> <p>(p) Actions to be taken upon death of a client.</p> <p>(q) Plans for service delivery when natural or man-made emergencies occur that prevent normal clinical operation.</p> <p>(r) Waived laboratory tests, if applicable, including the procurement of a medical test site waiver under chapter 246-338 WAC.</p>
246-841-400	<p>Standards of practice and competencies of nursing assistants.</p> <p>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, 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.</p> <p>(7) Infection control. The nursing assistant uses procedures and techniques to prevent the spread of microorganisms. Competencies:</p> <p>(a) Uses principles of medical asepsis and demonstrates infection control techniques and universal precautions.</p> <p>(b) Explains how disease causing microorganisms are spread; lists</p>

Title 246 WAC	Code Language
	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.
246-842-100	<p>Standards of practice and competencies of nursing assistants.</p> <p>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.</p> <p>(7) Infection control. The nursing assistant uses procedures and techniques to prevent the spread of microorganisms. Competencies:</p> <p>(a) Uses principles of medical asepsis and demonstrates infection control techniques and universal precautions.</p> <p>(b) Explains how disease causing microorganisms are spread; lists ways that HIV and Hepatitis B can spread from one person to another.</p> <p>(c) Demonstrates knowledge of cleaning agents and methods which destroy microorganisms on surfaces.</p>

<p>Washington Administrative Code Title 296: Department of Labor and Industries</p>
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Title 296 WAC	Code Language
296-823-120	<p>Occupational exposure to bloodborne pathogens - Training.</p> <p>Summary. Your responsibility:</p> <p>To train your employees about their risk of exposure to bloodborne pathogens and ways to protect themselves.</p> <p>You must: Provide training to your employees WAC 296-823-12005</p> <p>Provide additional training WAC 296-823-12010</p> <p>Maintain training records WAC 296-823-12015.</p>
296-823-18045	<p>Provide additional training for facility employees.</p> <p>You must:</p> <ul style="list-style-type: none"> • Provide initial training to employees in HIV or HBV research laboratories or production facilities in addition to the training required in WAC 296-823-120 • Make sure that employees demonstrate proficiency in the following: <ul style="list-style-type: none"> – Standard microbiological practices and techniques – The practices and operations specific to the facility BEFORE being allowed to work with HIV or HBV. • Provide a training program to employees working with HIV or HBV who have no prior experience in handling human pathogens. <ul style="list-style-type: none"> – Initial work activities must not include the handling of infectious agents – A progression of work activities must be assigned as techniques are learned and proficiency is developed. • Make sure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

Washington Administrative Code Title 388: Department of Social and Health Services

Title 388 WAC	Code Language
388-145-0150	<p>Emergency respite centers - What HIV/AIDS and bloodborne pathogens training is required?</p> <p>(1) You must provide or arrange for training for yourself and your staff at an emergency respite center on infection control, prevention, transmission, and treatment of HIV and AIDS and bloodborne pathogens.</p> <p>(2) You must use infection control requirements and educational material consistent with the approved current curriculum "Know - HIV/AIDS Prevention Education for Health Care Facility Employees," published by the department of health, office on HIV/AIDS.</p> <p>(3) Child care workers and anyone else providing direct care to children at an emergency respite center must use universal precautions (see definitions) when coming in contact with the bodily fluids or secretions of a child.</p>