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Ebola:

As summer wound down, the Department of Health and many other state agencies ramped up in response to the Ebola outbreak in West Africa.

Ebola is one of the diseases known to cause viral hemorrhagic fever. Ebola virus is particularly dangerous, with a death rate of 50 to 90 percent. The virus almost always spreads through direct contact with the blood, body fluid, or excretions of a person sick with Ebola.

While thousands of people in West Africa have died from Ebola, only two people who traveled from West Africa have died from the virus in the United States. A monitoring process for people coming from West Africa to the United States was implemented as an added precaution to further reduce what is a very low risk to the public. At least 15 people in Washington have been monitored based on their travel history, but no one in Washington State has been diagnosed with Ebola.

Local and state health officers support the state's Ebola preparedness efforts. Those health officers have reached out to medical professionals and hospital administrators with reminders of the need to look for risk factors and symptoms that could indicate Ebola virus disease. Public health staff members are trained and ready to monitor at-risk people, to identify contacts, and to isolate ill people to stop the chain of transmission. All hospitals in Washington are preparing to diagnose and initially care for Ebola patients, while several are undertaking advanced preparations to provide ongoing and extensive care until the patient recovers. In addition, Washington's Public Health Laboratories are among 42 state labs nationwide that are qualified to conduct initial testing for Ebola.

While the global fight against the current Ebola outbreak isn't over, healthcare workers have made significant progress toward reducing the spread of infection. The flurry of Ebola attention is dissipating. Fortunately, the Ebola virus hasn't made its way to Washington, but that doesn't mean that the resources devoted to Ebola preparedness have been in vain. Be assured that Washington is well prepared to respond to infectious disease outbreaks. Regardless of the infectious disease, this state has strong infection control procedures in place in healthcare facilities, as well as strong core public health infrastructure to mitigate outbreaks. These things,

combined with a robust network of partnerships and a proven disease monitoring system, greatly diminish the risk of an infectious disease outbreak in Washington State.

Carbon monoxide poisoning —you can prevent it!

As the weather turns colder over the winter months, the risk of carbon monoxide (CO) poisoning increases. When power failures occur during and after severe weather, using alternative sources of power can cause CO to build up in a home, and poison the people and animals inside. If you don't have electricity:

- Use generators only outdoors and far from open windows and vents.
- **Never** use a generator indoors, in garages or carports.
- **Never** cook or heat indoors with a charcoal or gas grill.

Every year, at least 430 people die in the U. S. from accidental CO poisoning. Thousands of others get treatment in emergency rooms.

Carbon monoxide (CO), often referred to as the invisible killer, is an odorless, colorless gas that can enter your home through a number of ways -- leaky chimneys, furnaces, gas water heaters, wood stoves, gas stoves, fireplaces, ovens, clothes dryers, portable generators, lanterns, grills, vehicles through the garage door, and cigarette smoke (first- or second-hand). CO poisoning symptoms include headaches, nausea, personality changes, confusion, memory loss, fainting, and chest pains. CO poisoning can be fatal to both people and animals. People who are sleeping or who have been drinking alcohol can die from CO poisoning before ever having symptoms.

The most important thing you can do to prevent CO poisoning is having properly installed CO detectors in your home, particularly near bedrooms. Never use alternative means – such as ovens, grills, gas or propane-powered devices – to heat inside your home. Always use gas powered devices such as grills, generators, portable stoves, and motor vehicles in well-ventilated areas.

Other important CO poisoning prevention tips:

- Never run a generator, pressure washer, or any gasoline-powered engine inside a basement, garage, or other enclosed structure, even if the doors or windows are open, unless the equipment is professionally installed and vented. Keep vents and flues free of debris, especially if winds are high. Flying debris can block ventilation lines.
- Change the batteries in your CO detector every six months. If you don't have a battery-powered detector, buy one soon.
- Never leave the motor running in a vehicle parked in an enclosed or partially enclosed space, such as a garage.
- Never run a motor vehicle, generator, pressure washer, or any gasoline-powered engine within 20 feet of an open window, door, or vent where exhaust can vent into an enclosed area.
- Never use a charcoal grill, hibachi, lantern, or portable camping stove inside a home, tent, or camper.

- If conditions are too hot or too cold, seek shelter with friends or at a community shelter.
- If you suspect CO poisoning, consult a health care professional right away and have your home tested for CO levels.

CO poisoning is entirely preventable. You can protect yourself and your family by acting wisely in case of a power outage and learning the symptoms of CO poisoning.

Article prepared by Injury and Violence Prevention Program staff

Uniform Disciplinary Act Report

OK, quiz time. Can you answer three questions about health professions the Washington State Department of Health regulates?

1. How many professions does the secretary of health regulate? How many do boards and commissions regulate?
2. How many new complaints did the department receive in the 2011-2013 biennium?
3. During the 2011-13 biennium, how many credential applicants had a criminal history?

You might think that finding this information would be labor- and time-intensive. The good news is that the department has already done the work for you. Since 1984, when the Department of Licensing still regulated health professions, the Legislature has required a report once a biennium on the regulatory activities the Department of Health now oversees. That includes complaints received, investigations completed, disciplinary actions taken, and background checks run. This is the [Uniform Disciplinary Act \(UDA\) Report](#).

The report's format has changed considerably over the years. It even changed, for a single biennium, to an annual report. (For extra credit, what were the two years where the department prepared an annual UDA report?) Before the department created its current licensing database, it was much more challenging to capture all the information that went into the report, and it took much longer to prepare. Today, Mark Thomas, a co-author of the report, is able to run many of the report's tables shortly after the end of the biennium while Blake Maresh, the other co-author, focuses on drafting the narrative.

In 2008, the report also incorporated supplemental reports from each board and commission. In addition, the report used to be published in hard copy; today it is all virtual and easily accessible on the department's [website](#), all the way back to the 1991-93 biennium. So the next time you need some quick facts or data about health professions, remember that the UDA Report is the agency's authoritative source for health professions information.

The answers to the quiz are:

1. 46 for licensing, 48 for discipline; 37 for licensing, 35 for discipline
2. 29,665
3. 5,013

And the extra credit question answer is: 2008 and 2009 (the 2007-09 biennium).

Agency Request Legislation

For the 2015 legislative session, the Department of Health submitted several proposed bills to Governor Inslee. Following is a summary of the health-related bills:

- **Preventing Youth Access to Vapor Products, at the request of Governor Inslee:** This bill's goals are to protect youth and to prevent their access to vapor products that pose a serious health risk. This bill would establish a licensing framework for retailers, require child-proof packaging, prohibit the use of vapor products in schools, ban Internet and vending machine sales, and give the Washington State Liquor Control Board the authority to enforce these regulations. It would also increase fines for violations of laws restricting sales of tobacco to minors. The department would establish labeling and advertisement requirements for vapor products through rules. The bill would impose a tax on vapor products that parallels the tax on other tobacco products.
- **Education-Based Practice Improvement:** The bill would add a non-disciplinary, education-based process to the Uniform Disciplinary Act (UDA) to remedy minor practice deficiencies through successful completion of a remediation plan. Remediation would be limited to problems that don't directly result in harm to a patient or client. The only current recourse for a disciplining authority (board, commission or secretary of health) to address a healthcare practitioner's deficiencies is through the formal or informal disciplinary process authorized in the UDA. Governor Inslee has approved this proposal for the 2015 legislative session.
- **Pharmacy Assistants Credential Fee:** The bill would establish a credentialing fee for the pharmacy assistant profession, ensuring this license category is self-supporting as RCW 43.70.250 requires. Governor Inslee has approved this proposal for the 2015 legislative session.
- **Scope of Practice for Certified Counselors and Advisors:** This measure would amend RCW 18.19.200 to remove obsolete references and replace them with the more general and current criteria of risk assessment of mild, moderate, and severe mental, emotional, or behavioral problems. The bill is designed to allow more detailed description of scope, and adjustment as the practice evolves, by rule. Governor Inslee has approved this proposal for the 2015 legislative session.

Bills requested by boards and commissions:

- **Interstate Physician Licensure Compact:** The bill would create laws authorizing the Board of Osteopathic Medicine and Surgery and the Medical Quality Assurance Commission to participate in the Interstate Licensure Compact to create expedited, multiple state allopathic and osteopathic physician licensing for those who meet certain qualifications. At the time of publication, this proposal is awaiting Governor Inslee's approval.

- **Background Checks:** The bill would allow the Nursing Care Quality Assurance Commission and other professions to use the Federal Rap Back Program through the U.S. Department of Justice for background checks of nursing care professionals. This program would allow the Washington State Patrol to provide current background check information on a person, as well as retain fingerprints collected for background checks and periodically update the commission if future criminal action occurs for a person licensed in Washington. At the time of publication, this proposal is awaiting Governor Inslee's approval.
- **Physician Licensure Requirements Reform:** The proposal would move some license requirements from statute to rule for ease of updating as requirements evolve with the delivery system. Statutory changes and mandated rules would update training requirements to reflect current training standards. It would also eliminate the two-year restriction on the fellowship license and create a pathway to licensure by exceptional qualification. At the time of publication, this proposal is awaiting Governor Inslee's approval.
- **Physician and Physician Assistant Demographics Collection:** The bill would allow the Medical Quality Assurance Commission to require demographic information during license renewal on medical doctors and physician assistants for the purposes of facilitating workforce planning. Governor Inslee has approved this proposal for the 2015 legislative session.

National Transportation Safety Board concerns on Medication side effects

While physicians, pharmacists, and nurses do many things in the course of their day, one of the most important things they do is counsel patients on appropriate use of medications. This includes how to take them, side effects to watch for, and in particular, any side effects that relate to operating machinery or vehicles.

Many drugs, including over-the-counter medications

DEA Takeback Program Regulation Changes

The Drug Enforcement Agency (DEA) recently updated its rules about how patients can return unused controlled medications for destruction to specific locations. During DEA's September 2014 takeback day, people returned 309 tons of unwanted medication.

Until recently, pharmacies were limited to taking back only drugs that were non-narcotics and called non-controlled drugs. Only law enforcement agencies and the semi-annual DEA drug takeback programs could dispose of this more restricted type of medication. No class I controlled drug, including marijuana, can be disposed of in this manner.

Ironically, the United States is experiencing an epidemic of prescription drug abuse that is driven in part by excessive prescribing and lack of control of unwanted prescription medications. Takeback programs are a critical piece of getting unused, unwanted, or expired medications out of homes and medicine cabinets, and properly disposed of.

The new regulations allow any DEA registrant such as retail pharmacies, hospitals and clinics with on-site pharmacies, narcotic treatment programs, long-term care pharmacies, registered manufacturers, distributors, and reverse distributors also to participate. Law enforcement locations may still participate.

Collected drugs have to be disposed of in a securely locked cabinet or room, and can now be disposed of along with other non-controlled medications. Participation is voluntary; pharmacies aren't required to participate. Contact your local pharmacy to see if it participates or [check online](#) for a listing of participants in Washington.

(antihistamines, decongestants, and cough medications) can cause impairment in a person's ability to safely drive or to operate other machinery. Recently the National Transportation Safety Board raised concerns that aircraft pilots, while operating aircraft, need to be fully aware of side effects of medications that may affect the traveling public's safety. This would apply to anyone who operates vehicles, buses, trains, or watercraft.

While most pilots have annual flight examinations with flight physicians, pharmacists have a duty to counsel patients on all medications they may take to ensure they have accurate information on things that may affect safe operation of any machinery. The Aircraft Owners and Pilots Association also publishes a resource for pilots on medications the Federal Aviation Administration disallows for pilots. Another list is medications allowed for use but problematic, as the FAA doesn't publish a list of all approved medications. This makes counseling by medical professionals even more critical. As a patient, always ask if a medication is appropriate for you and whether the side effects might be a problem.