

CHILD BIRTH CENTERS

CHILD BIRTH CENTER LAW BOOK

***Chapter 18.46 RCW
Chapter 246-329 WAC***

Effective April 16, 2007



**Facilities and Services Licensing
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CHILD BIRTH CENTER LAWBOOK

PREFACE

The purpose of these rules is to ensure that Child Birth centers have a consistent standard of practice that the public may rely upon.

As a licensed Child Birth Center, it is your responsibility to keep informed of all state and federal laws and regulations related to your Child Birth Center.

This *CHILD BIRTH CENTER LAW BOOK* includes the Child Birth center statute, rules with interpretive guidelines, and a resource list. Please keep this law book in a location easily accessible for reference.

RCW: Revised Code of Washington

These are laws passed by the state legislature. They can only be changed by the passage of a bill during the legislative session. These laws are referred to as statutes or statutory authority.

WAC: Washington Administrative Code

These are rules adopted by a state agency, board or commission. They are interpretations of the law. They can be amended or repealed by a state agency, board or commission by following the rule process established in the Administrative Procedures Act, chapter 34.05 RCW. Rules carry the force of law and all applicable entities must adhere to it. Failure to adhere to a rule may subject an entity to a penalty or administrative action.

APA: Administrative Procedures Act

Chapter 34.05 RCW is the law governing access to agency rules, the rule making process, judicial review and civil enforcement, and legislative review.

Guidelines

Agency guidelines, policies and other informational documents are for information. They are not legally binding to the licensee. A guideline can be used as an example, a clarification or a helpful tool but must never be used for enforcement purposes.

The **Resource List** provides website addresses and phone numbers to access state statutes and rules. The list also includes:

- Complaint hotline numbers for complaints about child birth centers
- Important state offices and contacts in the Department of Health (DOH) and Social and Health Services (DSHS)

Please direct questions or requests for additional copies of this LAWBOOK to the Department of Health, Facilities and Services Licensing (360) 236-2918 or (360) 236-2919.

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Chapter 18.46 RCW
Birthing centers
(formerly maternity homes)

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RCW Sections

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Notes:

Abortion: Chapter 9.02 RCW.

Crimes relating to pregnancy and childbirth: RCW 9A.32.060.

Filing certificate of birth: RCW 70.58.080.

Record as to patients or inmates for purposes of vital statistics: RCW 70.58.270.

18.46.005
Purpose.

The purpose of this chapter is to provide for the development, establishment, and enforcement of standards for the maintenance and operation of birthing centers, which, in the light of advancing knowledge, will promote safe and adequate care and treatment of the individuals therein.

[2000 c 93 § 29; 1951 c 168 § 1.]

18.46.010
Definitions.

facilities and staff to support a birth service to low-risk maternity clients: PROVIDED, HOWEVER, That this chapter shall not apply to any hospital approved by the American College of Surgeons, American Osteopathic Association, or its successor.

(2) "Department" means the state department of health.

(3) "Low-risk" means normal, uncomplicated prenatal course as determined by adequate prenatal care and prospects for a normal uncomplicated birth as defined by reasonable and generally accepted criteria of maternal and fetal health.

(4) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.

[2000 c 93 § 30; 1991 c 3 § 100; 1985 c 213 § 8; 1979 c 141 § 32; 1951 c 168 § 2. Prior: 1943 c 214 § 1; Rem. Supp. 1943 § 6130-47.]

Notes:

Savings -- Effective date -- 1985 c 213: See notes following RCW 43.20.050.

18.46.020
License required.

After July 1, 1951, no person shall operate a birthing center in this state without a license under this chapter.

[2000 c 93 § 31; 1951 c 168 § 3. Prior: 1943 c 214 § 2; Rem. Supp. 1943 § 6130-48.]

18.46.030
Application for license — Fee.

An application for license shall be made to the department upon forms provided by it and shall contain such information as the department reasonably requires, which may include affirmative evidence of ability to comply with rules and regulations as are lawfully prescribed hereunder. Each application for license or renewal of license shall be accompanied by a license fee as established by the department under RCW 43.20B.110: PROVIDED, That no fee shall be required of charitable or nonprofit or government-operated institutions.

[1987 c 75 § 4; 1982 c 201 § 5; 1951 c 168 § 4.]

Notes:

Savings -- Severability -- 1987 c 75: See RCW 43.20B.900 and 43.20B.901.

18.46.040
License — Issuance — Renewal — Limitations — Display.

Upon receipt of an application for a license and the license fee, the licensing agency shall issue a license if the applicant and the birthing center meet the requirements established under this chapter. A license, unless suspended or

only for the premises and persons named in the application and shall not be transferable or assignable except with the written approval of the department. Licenses shall be posted in a conspicuous place on the licensed premises.

[2000 c 93 § 32; 1987 c 75 § 5; 1982 c 201 § 6; 1951 c 168 § 5. Prior: 1943 c 214 § 3; Rem. Supp. 1943 § 6130-49.]

Notes:

Savings -- Severability -- 1987 c 75: See RCW 43.20B.900 and 43.20B.901.

18.46.050
Actions against license.

(1) The department may deny, suspend, or revoke a license in any case in which it finds that there has been failure or refusal to comply with the requirements established under this chapter or the rules adopted under it.

(2) The department shall immediately suspend the license of a person who has been certified pursuant to RCW 74.20A.320 by the department of social and health services as a person who is not in compliance with a support order or a *residential or visitation order. If the person has continued to meet all other requirements for reinstatement during the suspension, reissuance of the license shall be automatic upon the department's receipt of a release issued by the department of social and health services stating that the person is in compliance with the order.

RCW 43.70.115 governs notice of a license denial, revocation, suspension, or modification and provides the right to an adjudicative proceeding but shall not apply to actions taken under subsection (2) of this section.

[1997 c 58 § 823; 1991 c 3 § 101; 1989 c 175 § 63; 1985 c 213 § 9; 1951 c 168 § 6.]

Notes:

***Reviser's note:** 1997 c 58 § 887 requiring a court to order certification of noncompliance with residential provisions of a court-ordered parenting plan was vetoed. Provisions ordering the department of social and health services to certify a responsible parent based on a court order to certify for noncompliance with residential provisions of a parenting plan were vetoed. See RCW 74.20A.320.

Short title -- Part headings, captions, table of contents not law -- Exemptions and waivers from federal law -- Conflict with federal requirements -- Severability -- 1997 c 58: See RCW 74.08A.900 through 74.08A.904.

Effective dates -- Intent -- 1997 c 58: See notes following RCW 74.20A.320.

Effective date -- 1989 c 175: See note following RCW 34.05.010.

Savings -- Effective date -- 1985 c 213: See notes following RCW 43.20.050.

18.46.055
License suspension — Nonpayment or default on educational loan or scholarship.

The department shall suspend the license of any person who has been certified by a lending agency and reported to the department for nonpayment or default on a federally or state-guaranteed educational loan or service-conditional scholarship. Prior to the suspension, the agency must provide the person an opportunity for a brief adjudicative proceeding under RCW 34.05.485 through 34.05.494 and issue a finding of nonpayment or default on a federally or

continued to meet all other requirements for licensure during the suspension, reinstatement shall be automatic upon receipt of the notice and payment of any reinstatement fee the department may impose.

[1996 c 293 § 12.]

Notes:

Severability -- 1996 c 293: See note following RCW 18.04.420.

**18.46.060
Rules.**

The department, after consultation with representatives of birthing center operators, state medical association, Washington Osteopathic Association, state nurses association, state hospital association, state midwives association, and any other representatives as the department may deem necessary, shall adopt, amend, and promulgate such rules and regulations with respect to all birthing centers in the promotion of safe and adequate medical and nursing care in the birthing center and the sanitary, hygienic, and safe condition of the birthing center in the interest of the health, safety, and welfare of the people.

[2000 c 93 § 33; 1985 c 213 § 10; 1951 c 168 § 7.]

Notes:

Savings -- Effective date -- 1985 c 213: See notes following RCW 43.20.050.

**18.46.070
Rules — Time for compliance.**

Any birthing center which is in operation at the time of promulgation of any applicable rules or regulations under this chapter shall be given a reasonable time, under the particular circumstances, not to exceed three months from the date of such promulgation, to comply with the rules and regulations established under this chapter.

[2000 c 93 § 34; 1951 c 168 § 8.]

**18.46.080
Inspections — Approval of new facilities.**

The department shall make or cause to be made an inspection and investigation of all birthing centers, and every inspection may include an inspection of every part of the premises. The department may make an examination of all records, methods of administration, the general and special dietary and the stores and methods of supply. The department may prescribe by regulation that any licensee or applicant desiring to make specified types of alteration or addition to its facilities or to construct new facilities shall before commencing such alterations, addition, or new construction submit plans and specifications therefor to the department for preliminary inspection and approval or recommendations with respect to compliance with regulations and standards herein authorized. Necessary conferences and consultations may be provided.

[2000 c 93 § 35; 1951 c 168 § 9. Prior: 1943 c 214 § 4; Rem. Supp. 1943 § 6130-50.]

18.46.090
Information confidential.

All information received by the department through filed reports, inspection, or as otherwise authorized under this chapter shall not be disclosed publicly in any manner as to identify individuals or birthing centers except in a proceeding involving the question of licensure.

[2000 c 93 § 36; 1951 c 168 § 10.]

18.46.110
Fire protection — Duties of chief of the Washington state patrol.

Fire protection with respect to all birthing centers to be licensed hereunder, shall be the responsibility of the chief of the Washington state patrol, through the director of fire protection, who shall adopt by reference, such recognized standards as may be applicable to nursing homes, places of refuge, and birthing centers for the protection of life against the cause and spread of fire and fire hazards. The department upon receipt of an application for a license, shall submit to the chief of the Washington state patrol, through the director of fire protection, in writing, a request for an inspection, giving the applicant's name and the location of the premises to be licensed. Upon receipt of such a request, the chief of the Washington state patrol, through the director of fire protection, or his or her deputy, shall make an inspection of the birthing center to be licensed, and if it is found that the premises do not comply with the required safety standards and fire regulations as promulgated by the chief of the Washington state patrol, through the director of fire protection, he or she shall promptly make a written report to the department as to the manner in which the premises may qualify for a license and set forth the conditions to be remedied with respect to fire regulations. The department, applicant or licensee shall notify the chief of the Washington state patrol, through the director of fire protection, upon completion of any requirements made by him or her, and the chief of the Washington state patrol, through the director of fire protection, or his or her deputy, shall make a reinspection of such premises. Whenever the birthing center to be licensed meets with the approval of the chief of the Washington state patrol, through the director of fire protection, he or she shall submit to the department, a written report approving same with respect to fire protection before a license can be issued. The chief of the Washington state patrol, through the director of fire protection, shall make or cause to be made such inspection of such birthing centers as he or she deems necessary.

In cities which have in force a comprehensive building code, the regulation of which is equal to the minimum standards of the code for birthing centers adopted by the chief of the Washington state patrol, through the director of fire protection, the building inspector and the chief of the fire department, provided the latter is a paid chief of a paid fire department, shall make the inspection and shall approve the premises before a license can be issued.

In cities where such building codes are in force, the chief of the Washington state patrol, through the director of fire protection, may, upon request by the chief fire official, or the local governing body, or of a taxpayer of such city, assist in the enforcement of any such code pertaining to birthing centers.

[2000 c 93 § 37; 1995 c 369 § 5; 1986 c 266 § 82; 1951 c 168 § 12.]

Notes:

Effective date -- 1995 c 369: See note following RCW 43.43.930.

Severability -- 1986 c 266: See note following RCW 38.52.005.

State fire protection: Chapter 43.44 RCW.

18.46.120
Operating without license — Penalty.

Any person operating or maintaining any birthing center without a license under this chapter shall be guilty of a misdemeanor. Each day of a continuing violation after conviction shall be considered a separate offense.

[2000 c 93 § 38; 1951 c 168 § 13.]

18.46.130
Operating without license — Injunction.

Notwithstanding the existence or use of any other remedy, the department may in the manner provided by law, upon the advice of the attorney general who shall represent the department in all proceedings, maintain an action in the name of the state for an injunction or other process against any person to restrain or prevent the operation or maintenance of a birthing center not licensed under this chapter.

[2000 c 93 § 39; 1951 c 168 § 14.]

Notes:

Injunctions: Chapter 7.40 RCW.

18.46.140
Application of chapter to birthing centers operated by certain religious organizations.

Nothing in this chapter or the rules and regulations adopted pursuant thereto shall be construed as authorizing the supervision, regulation, or control of the remedial and nursing care of patients in any birthing center as defined in this chapter, conducted for or by members of a recognized religious sect, denomination, or organization which in accordance with its creed, tenets, or principles depends for healing upon prayer in the practice of religion, nor shall the existence of any of the above conditions militate against the licensing of such facility.

[2000 c 93 § 40; 1951 c 168 § 15.]

18.46.900
Severability — 1951 c 168.

If any provision of this chapter or the application thereof to any person or circumstance shall be held invalid, such invalidity shall not affect the provisions or application of this chapter which can be given effect without the invalid provision or application, and to this end the provisions of the chapter are declared to be severable.

[1951 c 168 § 17.]

CHAPTER 246-329 WAC	INTERPRETIVE GUIDELINE
INITIAL COMMENTS	
<p>WAC 246-329-005 Scope and purpose. (1) These rules implement chapter 18.46 RCW which requires the department of health to set minimum health and safety standards for childbirth centers.</p>	
<p>(2) Applicants and licensees must meet the requirements of this chapter and other applicable state and local laws.</p>	
<p>(3) This chapter does not apply to services provided by persons exempt from requirements of chapter 18.46 RCW.</p>	
<p>(4) A childbirth center may not provide services unless the childbirth center is licensed under this chapter.</p>	
<p>WAC 246-329-010 Definitions. For purposes of this chapter, the following words and phrases will have the following meanings unless the context clearly indicates otherwise:</p>	
<p>(1) "Administration of drugs" means an act in which a single dose of a prescribed drug or biological is given to a client by an authorized person in accordance with all laws and rules governing these acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container, including a unit dose container, verifying it with the orders of a practitioner who is legally authorized to prescribe, giving the individual dose to the proper client and properly recording the time and dose given.</p>	
<p>(2) "Applicant" means a person seeking licensure as a childbirth center under this chapter.</p>	
<p>(3) "Authenticated or authentication" means authorization of a written entry in a record by means of a signature which shall include, minimally, first initial, last name, and title or unique identifier verifying accuracy of information.</p>	<p><i>(3) An example of a unique identifier is a security protected electronic signature signifying that it is unique to a specific authorized individual.</i></p>
<p>(4) "Bathing facility" means a bathtub or shower.</p>	
<p>(5) "Birthing center" or "childbirth center" or "birth center" means any health facility, not part of a hospital or in a hospital, that provides facilities and clinical staff to support a birth service to low risk maternity clients. This chapter does not apply to any hospital approved by the American College of Surgeons, American Osteopathic Association, or its successor.</p>	
<p>(6) "Birthing room" means a room designed, equipped, and arranged to provide for the care of a woman and newborn and to accommodate her support person or persons during the process of vaginal childbirth, (the three stages of labor and recovery of a woman and newborn).</p>	
<p>(7) "Birth service" means the prenatal, intrapartum, and postpartum care provided for low-risk maternity clients, including newborn care during transition and stabilization.</p>	
<p>(8) "Client" means a woman, fetus, and newborn receiving care and services provided by a birth center during pregnancy and childbirth and recovery.</p>	

<p>(9) "Clinical staff" means physicians and midwives, including contractors, appointed by the governing body to practice within the birth center and governed by rules and policies and procedures approved by the governing body.</p>	<p><i>(9) Birth centers may also have other professionals on the staff such as RNs, LPN's, etc. If this is the case this chapter applies to these staff members and all staff must practice within appropriate practice acts and applicable rules. If doulas are included in Birth Center staff (not hired by the client to augment client's support system), these rules (WAC 246-329) may apply to them in some areas, depending on the scope of their responsibility and written job description</i></p>
<p>(10) "Consultation" means the process used by the clinical staff of a childbirth center who maintain primary management responsibilities for the client's care to seek the opinion of a licensed physician on clinical issues that are client specific. The physician consulted must be qualified by training and experience in specific client need for which consultation is sought. Consultation, appropriate to client need, must be available during all times birth services are provided in a childbirth center.</p>	<p><i>(10) Health care professionals consulting with child birth centers are not considered clinical staff members of the child birth center. The discussions may occur in person, by electronic communications, or by telephone. Consultation may lead to physician collaboration, referral or transfer of care.</i></p>
<p>(11) "Contractor" means an individual who has a written contract with a birth center licensee to provide birth services. The written contract must be approved by the governing body, including appointment of clinical privileges by the governing body. Birth services provided by contractors in licensed birth centers must meet requirements of this chapter, unless otherwise noted.</p>	
<p>(12) "Department" means the Washington state department of health.</p>	
<p>(13) "Emergency" means a medical emergency or injury requiring immediate medical or surgical intervention to prevent death or disability.</p>	
<p>(14) "Emergency transfer" means the transfer of a maternal client or newborn in an emergent situation to a facility that can manage obstetrical and neonatal emergencies, including the ability to perform cesarean delivery.</p>	
<p>(15) "Governing body" means the person or persons responsible for establishing and approving the purposes and policies and procedures of the childbirth center.</p>	
<p>(16) "Hospital" means any institution, place, building, or agency which provides accommodations, facilities, and services over a continuous period of twenty-four hours or more, for observation, diagnosis, or care, of two or more individuals not related to the operator or suffering from any other condition which obstetrical, medical, or surgical services would be appropriate for care or diagnosis. "Hospital" as used in this definition includes facilities licensed under chapter 70.41 RCW. "Hospital" as used in this definition does not include:</p>	
<p>(a) Hotels, or similar places furnishing only food and lodging, or simply, domiciliary care;</p>	
<p>(b) Clinics or physicians' offices where patients are not regularly kept as bed patients for twenty-four hours or more;</p>	
<p>(c) Nursing homes, defined and licensed under chapter 18.51 RCW;</p>	
<p>(d) Childbirth centers licensed under this chapter and chapter 18.46 RCW;</p>	
<p>(e) Psychiatric hospitals, licensed under chapter 71.12 RCW; or</p>	
<p>(f) Any other hospital or institution specifically intended for use and the diagnosis and care of those suffering from mental illness, mental retardation, convulsive disorders, or other abnormal mental conditions. Nothing in this definition shall be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with creed or tenets of any well-recognized church or religious denomination.</p>	
<p>(17) "Lavatory" means a plumbing fixture designed and equipped with a handwash device.</p>	

(18) "Low-risk maternal client" means an individual who:	
(a) Is at term gestation, in general good health with uncomplicated prenatal course and participating in ongoing prenatal care, and prospects for a normal uncomplicated birth as defined by reasonable and generally accepted criteria of maternal and fetal health;	
(b) Has no previous major uterine wall surgery, cesarean section, or obstetrical complications likely to recur;	
(c) Has no significant signs or symptoms of anemia, active herpes genitalia, placenta praevia, known noncephalic presentation during active labor, pregnancy-induced hypertension, persistent polyhydramnios or persistent oligohydramnios, abruptio placenta, chorioamnionitis, known multiple gestation, intrauterine growth restriction, or substance abuse;	
(d) Is in progressive labor; and	
(e) Is appropriate for a setting where methods of anesthesia are limited.	
(19) "Midwife" means a person licensed under chapter 18.79 RCW, or chapter 18.50 RCW, Midwifery.	
(20) "New construction" means any of the following:	
(a) New buildings to be used as a birth center;	
(b) Addition or additions to an existing building or buildings to be used as a childbirth center;	
(c) Conversion of existing buildings or portions thereof for use as a childbirth center;	
(d) Alterations or modifications other than minor alterations. "Minor alterations" means any structural or physical modification within an existing birth center which does not change the approved use of a room or an area. Minor alterations performed under this definition do not require prior review of the department; however, this does not constitute a release from other applicable requirements;	
(e) Changes in the approved use of rooms or areas of the birth center.	
(21) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.	
(22) "Personnel" means individuals employed by the birth center, contractors of the birth center, students and volunteers.	
(23) "Physician" means a person licensed under chapter 18.71 RCW, "Physicians," and rules adopted under chapter 246-919 WAC or chapter 18.57 RCW, "Osteopathy--Osteopathic medicine and surgery," and rules adopted under chapter 246-853 WAC.	(23) Physician may be a group of physicians that rotate availability.
(24) "Referral" means the process by which the clinical staff of a childbirth center directs the client to a physician for management of a particular problem or aspect of the client's care.	
(25) "Registered nurse" means a person licensed under chapter 18.79 RCW, and rules adopted under chapter 246-840 WAC.	
(26) "Recovery" means that period or duration of time starting at birth and ending with discharge of a client from the birth center or the period of time between the birth and the time a client leaves the premises of the birth center.	
(27) "Shall" means compliance is mandatory.	
(28) "Support person" means the individual or individuals selected or chosen by a maternal client to provide emotional support and to assist her during the process of labor and childbirth.	(28) A doula may be a support person employed by the client. In this case, the doula may work in partnership with the clinical staff of the birth center, but is not considered birth center clinical staff.
(29) "Toilet" means a room containing at least one water closet.	

(30) "Transfer of care" means the process by which the clinical staff of a childbirth center directs the client or newborn to a physician or other licensed health care provider for complete management of client's care. Transfer of care to an appropriate obstetrical department, patient care area or hospital, or physician(s) qualified in obstetrics or newborn/pediatric care respectively with admitting privileges to a hospital must be available twenty-four hours per day.	
(31) "Volunteer" means an individual who is an unpaid worker in the birth center, other than a support person.	
(32) "Water closet" means a plumbing fixture for defecation fitted with a seat and a device for flushing the bowl of the fixture with water.	

WAC 246-329-020 Licensure. A person must possess a current birth center license issued by the department before advertising, operating, managing, conducting, opening or maintaining a childbirth center unless exempt under chapter 18.46 RCW.	
(1) Application for license. An applicant for initial licensure of a childbirth center must:	
(a) Submit a completed application on forms provided by the department;	
(b) Submit disclosure statements and criminal history background checks no older than three months preceding the application date for the administrator, owner and director of services in accordance with RCW 43.43.830 through 43.43.845;	<i>(1) (b) Disclosure statements and criminal history background checks are two separate processes and documents. Keep original disclosure statements and criminal background checks at the agency. Send copies to the department. Agencies may utilize a private company to request criminal background checks if that company can document in writing to the agency that the company uses the Washington State Patrol data bank, consistent with the requirements in chapter 43.43.830-845 RCW. This documentation may be reviewed during survey. NOTE: fee statement below under (i)</i>
(c) Submit the following information:	
(i) Name of managing personnel, officers, administrator, director of clinical services or supervisor of clinical services, and partners or individuals owning ten percent or more of the applicant's voting stock;	<i>(1)(c) (i) If there is no individual owner and the agency is part of a corporation, the full name, address and phone number of the responsible corporate officer is acceptable.</i>
(ii) A description of the organizational structure;	<i>(1)(c)(ii) organizational structure may be identified on an organizational chart, on other agency documents, or as a narrative describing positions and duties.</i>
(iii) Name, address, and phone numbers of all office locations that provide services within the state;	
(iv) A copy of the current business license(s);	
(d) Submit evidence of completion of the department's construction review process;	<i>(1) (d) - Questions should be directed to DOH construction review(CR). CR responsible for monitoring compliance.</i>
(e) Submit evidence of compliance with local codes and ordinances;	
(f) Submit evidence of approval of the state fire marshal as required per RCW 18.46.110;	
(g) Submit evidence that a certificate of occupancy by the local building official has been approved and issued;	
(h) Submit other information as required by the department;	
(i) Submit fees as specified in WAC 246-329-990;	

<p>(j) Furnish to the department full and complete information and promptly report any changes which would affect the current accuracy of this information as to the identity of each officer and director of the corporation, if the birth center is operated by a legally incorporated entity, profit or nonprofit, and of each partner if the birth center is operated through a legal partnership;</p>	
<p>(k) Develop and approve policies and procedures addressing the content of this chapter; and</p>	
<p>(1) Meet the requirements of this chapter as determined by an initial survey conducted by the department.</p>	<p><i>(1)(l) On initial survey, the department reviews: Policies and procedures which address all relevant sections of this chapter, . Disclosure statements and criminal background checks; Sample patient or client record; Sample personnel record; and Other items requested by the surveyor. The surveyor will conduct a tour of the facility. Birth center services are not to be provided until the applicant is formally issued a child birth center license</i></p>
<p>(2) License renewal.</p>	
<p>(a) A license, unless suspended or revoked, shall be renewed annually. Applications for renewal must be on forms provided by the department and must be filed with the department not less than thirty days prior to expiration and must also include disclosure statements and criminal history background checks no older than three months preceding the renewal date for the administrator, owner and director of services when these individuals are new to the birth center since initial licensure or last renewal, in accordance with RCW 43.43.830 through 43.43.845. ended or revoked, shall be renewed annually.</p>	<p><i>(2) (a) - RCW 18.46 states renewal to be done at least 10 days prior to renewal date.</i></p>
<p>(b) The department may inspect and investigate each childbirth center every twenty-four months or as needed to determine compliance with these rules and chapter 18.46 RCW.</p>	
<p>(c) Each license shall be issued only for the premises and persons named. Licenses shall be transferrable or assignable only with written approval by the department.</p>	
<p>(d) Licenses must be posted in a conspicuous place on the licensed premises.</p>	
<p>(3) Change of ownership. At least thirty days prior to changing ownership of a childbirth center:</p>	
<p>(a) The licensee must submit in writing to the department:</p>	
<p>(i) The full name, address and phone number of the current and prospective owner;</p>	<p><i>(3)(a) (i) If there is no individual owner and the agency is part of a corporation, the full name, address and phone number of the responsible corporate officer is acceptable.</i></p>
<p>(ii) The name, address, and phone number of the currently licensed childbirth center and the name under which the prospective agency will operate;</p>	
<p>(iii) Date of the proposed change of ownership; and</p>	
<p>(iv) Any changes in the office location, if relevant;</p>	
<p>(b) The prospective new owner must submit:</p>	
<p>(i) Information listed in subsection (1)(b) through (c) of this section; and</p>	
<p>(ii) The change of ownership fee specified in WAC 246-329-990.</p>	
<p>WAC 246-329-025 Exemptions, alternative methods, and interpretations. The purpose of this section is to provide birth centers a mechanism to request an interpretation, exemption, or approval to use an alternative method. This chapter is not intended to prevent use of any systems, materials, alternate design, or methods of construction as alternatives to those prescribed by these rules.</p>	

(1) A birth center requesting exemption from this chapter must submit a written request to the department asking for an exemption. The request must specify the section or sections, explain the reason for the exemption and, when appropriate, include supporting documentation.	
(2) A birth center requesting approval for use of alternative materials, design, and methods must submit a written request to the department asking for approval to use an alternative. The request must explain the reason(s) for the use of an alternative and must be supported by technical documentation.	
(3) The department may:	
(a) Exempt a birth center from complying with portions of this chapter when:	
(i) The exemption is not contrary to the intent of chapter 18.46 RCW and the requirements of these rules.	
(ii) After review and consideration, the department determines the exemption will not:	
(A) Negate the purpose and intent of these rules;	
(B) Place the safety or health of the patients in the birth center in jeopardy;	
(C) Lessen any fire and life safety or infection control provision of other codes or regulations; and	
(D) Affect any structural integrity of the building;	
(b) Approve the use of alternative materials, designs, and methods when:	
(i) The birth center complies with subsection (2) of this section; and	
(ii) After review and consideration, such alternative:	
(A) Meets the intent and purpose of these rules; and	
(B) Is at least equivalent to the methods prescribed in these rules.	
(4) A birth center requesting an interpretation of rule contained in this chapter must submit a written request to the department. The request must specify the section or sections for which an interpretation is needed and details of the circumstances to which the rule is being applied. The birth center must provide any other information the department deems necessary.	
(5) The department will, in response to a written request, send a written interpretation of a rule or regulation within thirty calendar days after the department has received complete information relevant to the requested interpretation.	
(6) The department and birth center will keep a copy of each exemption or alternative granted or interpretation issued under this section on file and available at all times.	
WAC 246-329-030 Governance. The purpose of this section is to provide organizational guidance and oversight and to ensure resources and staff to support safe and adequate patient care.	
(1) The birth center shall have a governing body.	
(2) The governing body shall be responsible for providing personnel, facilities, equipment, supplies, and special services to meet the needs of the clients.	
(3) The governing body shall adopt policies for the care of clients within or on the premises of the birth center.	
(4) The governing body shall appoint an administrator or director responsible for implementing the policies adopted by the governing body.	
(5) The governing body shall establish and maintain a current written organizational plan which includes all positions and delineates responsibilities, authority, and relationship of positions within the birth center.	

(6) The governing body shall have the authority and responsibility for appointments and reappointments of clinical staff, approval of written contracts and appointment of contractors, approval of clinical bylaws and to ensure that only members of the clinical staff admit clients to the birth center.	
(a) Each birth center shall have access to physician consultation and appropriate clinical services as defined in WAC 246-329-095(2).	(6) (a) Physician participation includes, at a minimum, written plans for consultation, referral or transfer of care, emergency transfer and transport of a newborn to a newborn nursery or neonatal intensive care nursery, and transport of a woman to an appropriate obstetrical department or patient care area. and maternal client to a hospital where appropriate care is available.
(b) Each physician and midwife, including contractors, appointed to the clinical staff shall provide evidence of current licensure in the state of Washington.	
(c) Members of the clinical staff shall develop and adopt bylaws, policies, and procedures subject to the approval of the governing body including requirements for clinical staff membership; delineation of clinical privileges and the organization of clinical staff.	
(7) The governing body shall be responsible for assuring a quality improvement program is implemented according to WAC 246-329-180.	
(8) The governing body shall have responsibility for the legal and financial management of the birth center.	
WAC 246-329-045 Applicant or licensee rights and responsibilities. This section describes the applicant or licensee's responsibilities in the fulfillment of the requirements of this chapter.	
(1) An applicant or licensee must:	
(a) Comply with chapter 18.46 RCW and this chapter;	
(b) Establish, implement and periodically review all policies and procedures which address the contents of this chapter;	(1) (b) Frequency of policy and procedure review is determined by agency policy to reflect current practice. Review may be documented on a cover page for the entire manual, on each page of the manual, or other method as determined by the licensee.
(c) Display the license issued by the department in an area accessible to the public;	
(d) Notify the department in writing:	
(i) Within thirty days of changes of an administrator, owner or the director of clinical services;	
(ii) Thirty or more days before ceasing operations;	
(e) Cooperate with the department during surveys which may include reviewing licensee and client records and conducting client interviews with client consent;	
(f) Respond to a statement of deficiencies by submitting to the department:	
(i) A written plan of correction, within ten working days of receipt. The applicant or licensee must complete all corrections within sixty days after the survey exit date, unless otherwise specified by the department; and	(1)(f) (i)The department may specify a shorter timeframe to correct deficiencies if there is a threat to client health or safety.
(ii) A progress report describing corrections made and ongoing monitoring actions, within ninety days after the survey exit date, unless the department specifies another date.	
(2) An applicant or licensee may:	
(a) Discuss findings observed during a survey with the surveyor; and	
(b) Discuss the statement of deficiencies with the department's manager.	

(3) As required by chapter 70.56 RCW, the licensed childbirth center shall notify the department if any of the following events have been confirmed to have occurred in the birth center:	1-800-633-6828
(a) An infant abduction or discharge to the wrong family;	
(b) Sexual assault or rape of a patient or staff member while in the birth center;	
(c) Maternal death or serious disability with labor or delivery in a low-risk pregnancy while being cared for in a health care facility;	
(d) Patient death or serious disability associated with:	
(i) The use of contaminated drugs, devices, or biologics provided by the health care facility;	
(ii) The use or function of a device in which the device is used or functions other than as intended;	
(iii) Intravascular air embolism that occurs while being cared for in a health care facility;	
(iv) A medication error (errors involving wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation or wrong route of administration);	
(v) Hypoglycemia, the onset of which occurs while the patient is being cared for in a health care facility;	
(vi) Failure to identify and treat hyperbilirubinemia in neonates;	
(vii) An electric shock while being cared for in a health care facility; or	
(viii) A burn incurred from any source while being cared for in a health care facility.	
(e) Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances;	
(f) Patient suicide, or attempted suicide resulting in serious disability, that occurs while the patient is receiving care in a health care facility;	
(g) Death or significant injury of a patient or staff member resulting from physical assault that occurs within or on the grounds of a health care facility;	
(h) Any instance of care ordered by someone impersonating a physician, nurse, pharmacist or other licensed health care provider;	
(i) Patient death associated with a fall while being cared for in a health care facility;	
(j) Patient death or serious disability associated with the use of restraints or bedrails while being cared for in a health care facility; and	
(k) Sexual assault on a patient within or on the grounds of a health care facility.	
(4) The licensed childbirth center must also notify the department if either of the following events have been confirmed to have occurred in the birth center:	
(a) An unanticipated death, stillbirth or major loss of function; or	
(b) Any catastrophic incident, such as fire or flood, or any incident which may cause interruption or cessation of the delivery of services, or another interruption of services which would affect the health and safety of the client.	
(5) The report required in subsection (3) and (4) of this section must be submitted in writing to the department as required by chapter 70.56 RCW. The birth center is encouraged to confirm these events through a review or assessment by the birth center's quality improvement or risk management process. Each notice to the department must include:	
(a) The licensee's name;	

(b) The name of the affected client, if applicable;	
(c) The date the event occurred;	
(d) A description of the event and a clinical summary if the event is client-related;	
(e) Root cause analysis and corrective action plans as required by chapter 70.56 RCW.	
(6) The report note in subsection (3) of this section:	
(a) Will allow the department to be informed of events which in the interest of the public will be reviewed and reported as required by chapter 70.56 RCW;	
(b) Will be confidentially maintained by the department in accordance with the protections of the Public Disclosure Act, chapter 42.17 RCW, and other applicable laws and reporting requirements; and	
(c) Does not relieve a birth center from complying with other applicable reporting or notification requirements of this chapter or those requirements relating to law enforcement or professional regulatory agencies.	
(7) An applicant or licensee has the right to respond to and contest a statement of charges according to the following provisions:	<i>(7) A statement of charges (SOC) is a formal enforcement process which can involve a hearing before a health law judge. A SOC will be issued when there is an immediate risk to a patient or client's health or safety, broad system wide deficiencies exist that raise concerns for client health or safety, or where less serious deficiencies have not been resolved through the SOD/POC process. A SOC can include an immediate suspension of a child birth center license if imminent danger to client health or safety is identified. This action could include either a "Summary Suspension" which suspends the entire license and all services offered and provided or a "Summary Action" which suspends the licensee's ability to offer and provide specific child birth center services.</i>
	<i>The SOC is a legal document that lists serious and/or repeated violations of the child birth center licensing law (RCW 18.46) and the licensing regulations (WAC 246-329). A licensee has the right to appeal a SOC in a hearing before a health law judge. At the end of the hearing, the judge can order dismissal of the charges, or suspend, revoke, restrict, condition or modify the license.</i>
(a) RCW 43.70.115, department of health authority for license approval, denial, restriction, conditioning, modification, suspension and revocation;	
(b) Chapter 34.05 RCW, the Administrative Procedure Act; and	
(c) Chapter 246-10 WAC, Adjudicative proceedings.	
WAC 246-329-055 Department responsibilities. This section describes the department's responsibilities in the fulfillment of the requirements of this chapter:	
(1) The department may, in accordance with chapter 18.46 RCW:	
(a) Issue an initial license for twelve months following submission of a completed application and appropriate fee, and following a survey that documents the applicant meets all the requirements of this chapter;	<i>1(a) The anniversary date for license renewal shall be the date of the successful initial survey, or the date of an accepted Plan of Correction following the initial survey date, and every 12 months thereafter.</i>
(b) Issue a renewal license for the twelve-month period following submission of a completed application and appropriate fee;	
(c) Issue a license for change of ownership to the new license for the remainder of the current license period following submission of the required information and appropriate fee, under WAC 246-329-990.	

(2) The department may:	
(a) Conduct surveys and investigations every twenty-four months or as needed to determine compliance with chapter 18.46 RCW and this chapter. Surveys and investigations may be announced or unannounced;	
(b) Investigate any person suspected of:	
(i) Advertising, operating, managing, conducting, opening or maintaining a childbirth center without a license unless exempt from licensure under chapter 18.46 RCW; or	
(ii) Survey a licensee at anytime if the department has reason to believe the licensee is providing unsafe, insufficient, inadequate or inappropriate care;	
(c) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.845, when necessary, in consultation with law enforcement personnel;	
(d) Require licensees to complete additional disclosure statements and background inquiries for an individual associated with the licensee or having direct contact with children under sixteen years of age, people with developmental disabilities, or vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement and criminal background inquiry; and	
(e) Issue a statement of deficiencies following a survey which identifies noncompliance with chapter 18.46 RCW and this chapter.	
(3) The department may deny, suspend, or revoke a license if the applicant or licensee fails or refuses to comply with the requirements of chapter 18.46 RCW and/or these rules. The department's notice of denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.70.115. An applicant or license holder has the right to an adjudicative proceeding to contest the decision.	
(4) The department may prepare and serve upon the licensee or applicant at the earliest practical time a statement of charges following a survey which identifies noncompliance with chapter 18.46 RCW and this chapter. The statement of charges must include a notice that the licensee or applicant may request a hearing to contest the charges.	<i>(4) A statement of charges (SOC) is a formal enforcement process which can involve a hearing before a health law judge. A SOC will be issued when there is an immediate risk to a patient or client's health or safety, broad system wide deficiencies exist that raise concerns for client health or safety, or where less serious deficiencies have not been resolved through the SOD/POC process. A SOC can include an immediate suspension of a child birth center license if imminent danger to client health or safety is identified. This action could include either a "Summary Suspension" which suspends the entire license and all services offered and provided or a "Summary Action" which suspends the licensee's ability to offer and provide specific child birth center services.</i>
	<i>The SOC is a legal document that lists serious and/or repeated violations of the child birth center licensing law (RCW 18.46) and the licensing regulations (WAC 246-329). A licensee has the right to appeal a SOC in a hearing before a health law judge. At the end of the hearing, the judge can order dismissal of the charges, or suspend, revoke, restrict, condition or modify the license.</i>
WAC 246-329-065 New construction--Major alterations. The purpose of this section is to provide minimum standards for a safe and efficient patient care environment consistent with other rules. The rules are intended to allow flexibility in achieving desired outcomes and enable birth centers to respond to changes in technologies and health	

care innovations.	
(1) When a licensee or applicant is contemplating new construction or major alteration, the licensee or applicant shall:	
(a) Under chapters 70.40 RCW and 246-329 WAC, submit an application and construction documents to the department's construction review services program for all new construction and major alterations, as defined in WAC 246-329-010. In addition to the application and construction documents, the construction review services program may require documentation of approval from local zoning commissions, fire departments, and building departments, if applicable;	
(b) Respond in writing when the department requests additional or corrected construction documents;	
(c) Not begin construction until the construction documents are approved by the local jurisdictions and same local jurisdictions have issued any required permits;	
(d) Complete construction consistent with the final "department approved" documents;	
(e) Notify the department in writing when construction is completed; and	
(f) Submit to the department a copy of the local jurisdictions' certificate of occupancy.	
(2) A childbirth center applicant or licensee must, through its design, construction and necessary permits demonstrate compliance with the following codes and local jurisdiction standards:	
(a) The state building code as adopted by the state building code council.	
(b) <i>Accepted Procedure and Practice in Cross-contamination Control, Pacific Northwest Edition, 9th Edition, American Waterworks Association;</i> and	
(c) If planning on caring for patients with mycobacterium tuberculosis, <i>Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities, 1994. Morbidity and Mortality Weekly Report (MMWR), Volume 43, October 28, 1994.</i>	
WAC 246-329-075 Criminal history, disclosure, and background inquiries. The purpose of this section is to ensure criminal history background inquiries are conducted for any employee or prospective employee who has or will have unsupervised access to children, vulnerable adults, and individuals with developmental disabilities.	
(1) A childbirth center applicant or licensee must establish and implement policies and procedures regarding Washington state patrol criminal background inquiries and disclosure statements under RCW 43.43.830 through 43.43.845 for the administrator, owner, director of services and personnel, contractors, volunteers, students, and any other individual associated with the licensee having direct contact with children under sixteen years of age, individuals with developmental disabilities, or vulnerable adults.	
(2) The department may require licensees to complete additional disclosure statements or background inquiries for a person associated with the licensed facility having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.	

WAC 246-329-085 Client bill of rights. The purpose of this section is to help improve patient outcomes by respecting each client and conducting all relationships with clients and the public in an ethical manner.	
The birth center at the time of registration, including clients of contractors, must provide each client with a written bill of rights, verified by client or representative signature, affirming each individual's rights to:	<i>Evidence of receipt could include a copy of a signed client bill of rights in the client's record.</i>
(1) A listing of the services provided by the birth center and a description of other levels of maternal/fetal services available in the community;	
(2) Be informed of the policy and procedures for admission and discharge;	
(3) Be informed of the definition of a low risk maternal client, the benefits and risks of out-of-hospital labor and birth and complete a written informed consent, prior to the onset of labor that shall include, but not be limited to, evidence of an explanation by personnel of the birth services offered and potential risks and emergency transfer and transport procedures;	
(4) Be informed of what constitutes being ineligible for birth center services and the transfer policy and procedures of clients who, during the course of pregnancy or labor or recovery, are determined to be ineligible, including the birth center's plan for provisions of emergency and nonemergency care in the event of complications to mother and newborn;	
(5) Be informed that unexpected neonatal emergencies requiring complex resuscitation are rare, but can occur. Be informed that the birth center staff is prepared to provide initial steps of newborn resuscitation (upper airway clearance with a bulb or mechanical suction) and provide bag-and-mask ventilation until emergency medical service providers arrive to provide complete resuscitation procedures if required;	
(6) Participate in decisions relating to the plan for management of care and all changes in that plan once established including consultation, referral and transfer to other practitioners or other levels of care;	
(7) Be informed of the policy and procedures for consultation, referral, transfer of care and transport of a newborn and maternal client to a hospital where appropriate care is available;	
(8) Be informed of prenatal screening under chapter 70.54 RCW and chapter 246-680 WAC;	
(9) Be informed of newborn screening requirements under chapter 70.83 RCW and chapter 246-650 WAC, including a provision of a copy of the parent information pamphlet "Newborn Screening Tests and Your Baby" which is available from the department's newborn screening program;	
(10) Be informed that rapid HIV testing is available for all maternal clients without a documented history of HIV testing during prenatal care;	
(11) Be informed of prophylactic treatment of the eyes of the newborn in accordance with WAC 246-100-206 (6)(b);	<i>(11) Questions regarding prophylactic treatment of the eyes of newborns can be directed to DOH at (360) 236-3582 or (360) 236-3563.</i>
(12) Be informed that vitamin K administration for the newborn is available;	<i>(12) Recommended by the American Academy of Pediatrics</i>
(13) Be informed that newborn hearing screening tests are offered in most hospitals;	<i>(13) Contact pediatric provider for information on newborn hearing testing.</i>
(14) A description of the process for submitting and addressing complaints;	
(15) Submit complaints without retaliation and to have the complaint addressed by the licensee;	
(16) Be informed of the state complaint hotline number;	<i>1-800 633-6828</i>
(17) Be treated with courtesy, dignity, respect, privacy, and freedom from abuse and discrimination;	
(18) Refuse treatment or services;	

(19) Privacy of personal information and confidentiality of health care records;	
(20) Be cared for by properly trained personnel, contractors, students and volunteers and be informed of the qualifications of clinical staff, consultants and related services and institutions;	
(21) Be informed of all diagnostic procedures and reports, recommendations and treatments;	
(22) A fully itemized billing statement upon request, including the date of each service and the charge;	
(23) Be informed about advanced directives and the licensee's responsibility to implement them;	
(24) Be informed of the client's right with regards to participation in research or student education programs;	
(25) Be informed of the liability insurance coverage of practitioners on request; and	
(26) Be informed of child passenger restraint systems to be used when transporting children in motor vehicles, including information describing the risks of death or serious injury associated with the failure to use a child passenger restraint system.	(26) Information regarding child car safety restraint information - 1(800) 282-5587 - SAFE KIDS website www.safekids.org
WAC 246-329-095 Staffing. The purpose of the staffing section is to ensure the birth center provides competent staff consistent with the scope of services.	
(1) The birth center shall have sufficient, qualified personnel and clinical staff to provide the services needed by clients and for safe maintenance and operation of the birth center.	
(2) The birth center shall have written plans for consultation, referral, transfer of care, emergency transfer and transport of a newborn to a newborn nursery or neonatal intensive care nursery, and emergency transfer or transport of a maternal client to an appropriate obstetrical department, patient care area or hospital where appropriate care is available.	(2) The "birth center is an adaptation of the home." A birth center is not required by the department to be equipped for or required to provide complex neonatal resuscitation. For those unanticipated problems, the birth center staff is prepared to provide airway clearance with bulb or mechanical suction and bag-and-mask ventilation until Emergency Medical Service providers arrive.
(3) The birth center shall:	
(a) Employ, contract or use appropriately trained personnel and clinical staff; and	
(b) Assure clinical staff or personnel have evidence of current training in neonatal and adult resuscitation.	
(c) Assure a physician or midwife is present at each birth. A second person who is an employee, student or member of the clinical staff with evidence of current training in neonatal and adult resuscitation skills shall be immediately available in the birthing center during each birth.	
(d) Ensure twenty-four hour coverage, including the provision that appropriate, qualified personnel and/or clinical staff shall be present in the birth center at all times when clients are present.	
WAC 246-329-110 Personnel policy and procedures and records. The purpose of this section is to ensure the birth center provides direction and standards in the employment, contracting and recording of personnel procedures.	

<p>(1) A childbirth center applicant or licensee must establish and implement policy and procedures which include, but are not limited to:</p>	
<p>(a) For those birth centers operated by an employer as defined by RCW 49.60.040(3), employment criteria consistent with chapter 49.60 RCW;</p>	
<p>(b) Job descriptions for employees, contractor agreements, volunteer responsibility statements and agreements with students commensurate with responsibilities and consent with health care professional credentialing and scope of practice as defined in relevant practice acts and associated rules;</p>	
<p>(c) Verification of clinical staff credentials;</p>	<p><i>(1) (c) Verification means credentials (licenses, registration) are current and in good standing. This information is available on-line to the birth center through the Department of Health, Health Professions Quality Assurance Division.</i></p>
<p>(d) Orientation to current agency policies and procedures and verification of skills or training for all clinical staff;</p>	<p><i>(1)(d) Includes contractors</i></p>
<p>(e) Current neonatal and adult cardiopulmonary resuscitation training consistent with agency policies and procedures and community standards for all clinical staff</p>	
<p>(f) Infection control practices for clinical staff including communicable disease testing, immunization, vaccination and universal precautions or equivalent method of preventing the transmission of infection according to current local health authorities and shall include the availability of equipment necessary to implement plans of care and infection control policies and procedures;</p>	<p><i>(1)(e) Includes contractors. The community standard for neonatal resuscitation is the AAP/AHA Neonatal Resuscitation Program (NRP).</i></p>
<p>(i) Birth centers must establish and implement a TB screening program for personnel;</p>	<p><i>(1) (f) (i) TB screening program requirements are established by Centers for Disease Control (CDC) and Office of Occupational Health and Safety (OSHA). Further information can be obtained from the Department's TB Program. WAC 246-329-010 Definitions: (22) "Personnel" means individuals employed by the birth center, contractors of the birth center, students and volunteers.</i></p>
<p>(ii) Birth centers must provide or offer to employees Hepatitis B vaccination according to WAC 296-62-08001; and</p>	
<p>(iii) Birth centers must assure that all contractors have received or been offered Hepatitis B vaccination according to WAC 296-62-08001;</p>	<p><i>(1) (f) (iii) The birth center is not required to provide the Hepatitis B vaccination for contractors' but are to assure the contractors compliance.</i></p>
<p>(g) Verification of appropriate education and training of all personnel, contractors, student and volunteers on the prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310;</p>	<p><i>(g) Licenses for health professionals provides such evidence and no further documentation is required. Documentation of non-licensed staff's HIV education is to be documented.</i></p>
<p>(h) Performance evaluations of all personnel, including evaluations of contractor and student agreements to be conducted per birth center's policy and procedure; and</p>	<p><i>(1)(h) Frequency of evaluation of contractor agreements is determined by the birth center's policies and procedures.</i></p>
<p>(i) Washington state patrol criminal background inquiries and disclosure statements under RCW 43.43.830 through 43.43.845 for the administrator, owner, director of services and personnel, contractors, volunteers, students, and any other individual associated with the licensee who has direct contact with children under sixteen years of age, people with developmental disabilities or vulnerable adults.</p>	
<p>(2) Each employee, contractor, student and volunteer shall have a current record maintained by the birth center which contains, but is not limited to, the following information:</p>	

(a) Documentation of the items stated above in subsection (1)(b) through (e) and (g) through (i) of this section.	
(b) Evidence of communicable disease testing as required by local health authorities and per birth center policy and procedures and shall include, at a minimum, documented evidence of tuberculin (TB) screening as required in WAC 246-329-110 (1)(f) and documented evidence of Hepatitis B vaccination being provided or offered according to WAC 296-62-08001.	(2) (b) Health records for personnel may be kept separate from personnel records.
WAC 246-329-120 Birth center policies and procedures. 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.	
(1) An applicant or licensee must establish and implement policy and procedures which include, but are not limited to:	
(a) Definition of a low-risk maternal client who is eligible for birth services offered by the birth center.	
(b) Definition of a client who is ineligible for birth services at the birth center.	
(c) Identification and transfer of clients who, during the course of pregnancy, are determined to be ineligible.	
(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.	(1) (d) This includes the neonate.
(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.	(1)(e) The "birth center is an adaptation of the home." A birth center is not required by the department to be equipped for or required to provide complex neonatal resuscitation. For those unanticipated problems, the birth center staff is prepared to provide airway clearance with bulb or mechanical suction and bag-and-mask ventilation until Emergency Medical Service providers arrive.
(f) Transfer and discharge of neonates to minimize risk of newborn abduction.	
(g) Protocol for medications and laboratory testing during labor and recovery if the birth center plans to deliver HIV positive clients.	
(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.	
(i) Protocol for electronic fetal heart monitoring or intermittent auscultation to monitor fetal status during labor.	
(j) Protocol for the provision of MMR vaccine to nonimmune postpartum women.	
(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.	(1) (k) 300ug anti D immune globulin should be given within 72 hours post partum
(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.	(2) Depending upon the hospitals admitting policy, a certified nurse midwife (CNM) may continue to manage the case when transferring a client to the hospital
(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:	
(a) Evidence of an explanation by personnel of the birth services offered, limitation of services, and potential risks;	

(b) Explanation of the definition of low-risk maternal client;	
(c) Explanation of a client who is ineligible for childbirth center services;	
(d) Explanation of the birth center policies and procedures for consultation, referral, transfer of care and emergency transfer and transport;	
(e) Explanation of prophylactic treatment of the eyes of the newborn in accordance with WAC 246-100-206 (6)(b);	
(f) Explanation of screening of newborns under chapter 70.83 RCW and chapter 246-650 WAC; and	
(g) Explanation of why rapid HIV testing is available if documentation of an HIV test during prenatal care is not available;	
(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.	
(4) The birth center shall provide or assure:	
(a) Education of clients, family and support persons in childbirth and newborn care.	<i>(4)(a) Education programs may be in written or audio-visual media. Information regarding child car safety restraint information - 1(800) 282-5587 - SAFE KIDS website www.safekids.org Education should include safe sleeping practices for infants, and signs of illness in the newborn.</i>
(b) Plans for immediate and long-term follow-up of clients after discharge from the birth center.	
(c) Registration of birth and reporting of complications and anomalies, including sentinel birth defect reporting under chapter 70.58 RCW.	
(d) Prophylactic treatment of the eyes of the newborn in accordance with WAC 246-100-206 (5)(b).	<i>(4) (d) Questions regarding prophylactic treatment of the eyes of newborns can be directed to DOH at (360) 236-3582 or (360) 236-3563.</i>
(e) Collection of a newborn screening blood specimen, or signed refusal, and submission to the department's newborn screening program under the requirements of WAC 246-650-020.	<i>(4) (e) As of the date of these birth center rules (WAC 246-329), the newborn screening program with the department require the following: (1) The parent informational pamphlet "Newborn Screening Tests and Your Baby" shall be provided to each client. These materials shall be obtained from the department's newborn screening program. (2) All live births shall be reported weekly to the newborn screening program of the department on forms provided by the newborn screening program. (3) If parents refuse newborn screening, a signed refusal on the provided position on the back of the specimen collection card shall be sent to the department's newborn screening program in lieu of the blood sample. NOTE: The refusal statement or copy of should be maintained in the client record</i>

<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>(4) (f) Information regarding Medical test site waivers may be obtained by calling the Washington State Department of Health's Public Health Laboratory program at (206)361-2885. The CDC recommends that hospitals adopt a policy of routine, rapid HIV testing using an opt-out approach for women who have undocumented HIV test results when presenting to labor and delivery.</p> <p>For more information on developing and implementing an HIV rapid testing during labor and delivery protocol, go to the following web address to get a copy of "Rapid HIV Testing During Labor and Delivery for Women of Unknown HIV Status: A Practical Guide and Model Protocol." http://www.cdc.gov/hiv/rapid_testing/materials/Labor&DeliveryRapidTesting.pdf</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>(4) (j) Manufacturer recommendations and department rules may be used for the cleaning, sterilization, calibration, maintenance and sanitation of supplies and equipment. Spore testing of autoclaves to be done weekly if used regularly (at least one time per week) or as stated by manufacturer recommendations. Equipment items may include: gloves and masks; CPR equipment; thermometers; stethoscopes; lab specimen transport containers; etc.</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>(4) (m) Devices and processes for addressing communication needs may include: communicating in patient or client's language, communication boards, interpreters, TTY services, etc.</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>	<p>(4) (r) Information regarding Medical test site waivers may be obtained by calling the Washington State Department of Health's Public Health Laboratory program at (206)361-2885.</p>
<p></p>	

WAC 246-329-130 Birth center equipment and supplies. The purpose of this section is to ensure the birth center provides safe and appropriate equipment and supplies necessary to the safe provision of care to the client of the birth center.	
(1) The applicant or licensee shall assure the birth center has the adequate, appropriate size and type equipment and supplies maintained for the maternal client and the newborn to include:	
(a) A bed suitable for labor, birth, and recovery;	
(b) Separate oxygen with flow meters and masks or equivalent;	<i>(1) (b) Adult and term and preterm size face masks.</i>
(c) Suction equipment for the maternal client and newborn to include suction apparatus, either operated from a wall outlet or portable equipment, and bulb suction as appropriate. These devices must be immediately available in the birth center;	<i>(1) (c) can be hand-held, non-electrical suction device</i>
(d) Resuscitation equipment to include adult and neonate resuscitation bags and term and preterm size face masks, and neonatal-sized oxygen bags for assisted ventilation. Newborn resuscitation equipment shall include method to deliver free flow oxygen;	
(e) Firm surfaces suitable for resuscitation;	
(f) Fetal monitoring equipment, minimally to include a fetoscope, doppler or electronic monitor;	
(g) Equipment for monitoring and maintaining the optimum body temperature of the newborn. A heat source appropriate for use in warming newborns shall be available, and may include an incubator;	
(h) A time keeping device;	
(i) Sterile suturing equipment and supplies;	
(j) Glucose meter appropriately calibrated to screen glucose level in newborn;	<i>(1) (j) Information regarding Medical test site waivers may be obtained by calling the Washington State Department of Health's Public Health Laboratory program at (206)361-2885.</i>
(k) Examination lighting device with a shatterproof bulb or protective shield;	
(1) Containers for soiled linen and waste materials which shall be closed or covered.	
(2) A telephone or equivalent communication device must be accessible in the client care area.	
(3) The licensee must clean, sterilize, disinfect and store equipment according to manufacturer guidelines and department requirements, if applicable. Clean and soiled equipment and supplies must be stored in separate areas.	<i>(3) Manufacture recommendations and department rules may be used for the cleaning, sterilization, calibration, maintenance and sanitation of supplies and equipment. Spore testing of autoclaves to be done weekly if used regularly (at least one time per week) or as stated by manufacturer recommendations.</i>
(4) The applicant licensee shall provide and maintain infection control equipment and supplies for clinical staff.	<i>(4) Equipment items may include: gloves and masks; CPR equipment; thermometers; stethoscopes; lab specimen transport containers; etc.</i>
WAC 246-329-140 Client records. The purpose of this section is to assure the center obtains, manages, and uses information to improve patient outcomes and the performance of the birth center in patient care.	
(1) The birth center shall have a defined client record system, policies and procedures which provide for identification, security, confidentiality, control, retrieval, and preservation of client care data and information.	

<p>(2) The childbirth center must maintain a health record for each maternal and newborn client in a legally acceptable, integrated and chronological document on the licensee's standardized forms consistent with chapter 70.02 RCW, Medical records--Health care information access and disclosure. Each record must include:</p>	<p>(2) A record is a separate, distinct file for each client. Legally acceptable manner includes correction to the record with a single line through the error, noting the error, the date of correction and the signature or initials of the person correcting the record. Using white out to obscure original comments and use of pencil are not considered legally acceptable documentation. The maternal and newborn record may be integrated.</p>
<p>(a) Client's demographic information and client identification to include at a minimum client's name, birth date, age, and address;</p>	
<p>(b) Client's informed consent for care, service, treatment and receipt of the client bill of rights;</p>	
<p>(c) Signed and authenticated notes describing the newborn and maternal status during prenatal, labor, birth, and recovery including, but not limited to:</p>	
<p>(i) Documentation that verifies the client's low-risk maternal client status; and</p>	
<p>(ii) Labor summary;</p>	
<p>(iii) Newborn status including Apgar scores, maternal newborn interaction; and</p>	
<p>(iv) Physical assessment of the mother and newborn during recovery;</p>	
<p>(d) Documentation that a newborn screening specimen was collected (or signed refusal on the back of the specimen form) and submitted to the department's newborn screening program under WAC 246-650-020;</p>	
<p>(e) Documentation and authentication of orders by clinical staff and birth center personnel who administer drugs and treatments or make observations and assessments;</p>	
<p>(f) Laboratory and diagnostic testing results;</p>	
<p>(g) Consultation reports;</p>	
<p>(h) Referral, transfer of care, emergency transfer and transport documentation;</p>	
<p>(i) Prophylactic treatment of the eyes of the newborn in accordance with WAC 246-100-206 (6)(b);</p>	<p>(2) (i) Questions regarding prophylactic treatment of the eyes of newborns can be directed to DOH at (360) 236-3582 or (360) 236-3563.</p>
<p>(j) Prenatal screening under chapters 70.54 RCW and 246-680 WAC, including client's refusal;</p>	
<p>(k) Documentation of refusal of rapid HIV testing if documentation of an HIV test during prenatal care is not available;</p>	
<p>(l) For HIV positive women, the antiretroviral medications during delivery and recommended lab tests;</p>	
<p>(m) Intrapartum antibiotics for Group B Strep positive women per the CDC protocol;</p>	
<p>(n) For Hepatitis B positive women, HBIG and Hepatitis B immunization for newborn;</p>	
<p>(o) Refusal of any recommended test or treatment;</p>	
<p>(p) Documentation of birth registration per chapter 70.58 RCW.</p>	
<p>(3) For clients managed by a contractor in a birth center, the licensee shall ensure that each client record is maintained by the birth center and must contain the information as stated in subsection (2)(a) through (p) of this section. Services provided by the contractor, prior to the client's admission to the birth center, shall be summarized or placed in the record in their entirety.</p>	<p>(3) Services which may be summarized for inclusion in the birth center record include laboratory, diagnostic testing and consultation reports and the client's birth services status prior to admission to the birth center..</p>

(4) Entries in the client record shall be typewritten, retrievable by electronic means or written legibly in ink.	
(5) Documentation and record keeping shall include:	
(a) Completion of a birth certificate and, if applicable, a sentinel birth defect report under chapters 70.58 RCW and 246-491 WAC.	
(b) Documentation of orders for medical treatment and/or medication. Each order shall be specific to the client and shall be authenticated, at the time the order is received, by an appropriate health care professional authorized to approve the order or medication.	(5)(b) Pre-signed orders which are later completed by filling in the client's name are not considered acceptable orders.
(6) The licensee shall:	
(a) Assure client records are kept confidential;	(6) (a) Birth Centers may consider having staff sign a confidentiality agreement as a condition of employment wherein they attest they understand the laws surrounding confidentiality of medical records and agree to abide by them.
(b) Fasten client records together;	
(c) Consider client records property of the birth center; and	
(d) Provide a client access to their client record under the licensee's policy and procedure and applicable rules.	
(7) When a client is transferred or discharged to another provider or facility, the birth center must provide a summary of care to the provider or facility to whom the client is transferred or discharged.	
(8) The licensee shall maintain records for:	
(a) Adults - three years following the date of termination of services; and	
(b) Minors - three years after attaining age eighteen, or five years following discharge, whichever is longer.	
(9) The licensee shall:	
(a) Store records to prevent loss of information and to maintain the integrity of the record and protect against unauthorized use;	
(b) Maintain or release records after a patient's or client's death according to chapter 70.02 RCW, Medical records--Health care information access and disclosure; and	
(c) After ceasing operation, retain or dispose of records in a confidential manner according to the time frames in this subsection.	
WAC 246-329-150 Pharmaceuticals. The purpose of this section is to assure that client pharmaceutical needs are met in a planned and organized manner.	
(1) The licensee shall maintain written prescriptions or orders signed by a practitioner legally authorized to prescribe for all drugs administered to clients within the birth center.	
(2) The licensee shall have written policies and procedures addressing the receiving, transcribing, and implementing of orders for administration of drugs.	
(3) The licensee shall establish and implement written policies to address the type and intended use of any drug or device to be used by patients within the facility.	
(4) The licensee shall assure that only local anesthetics are used.	
(5) The licensee shall ensure:	
(a) Drugs are only administered by personnel or clinical staff licensed to administer drugs;	
(b) Drugs kept anywhere in the center are clearly labeled with drug name, strength, and expiration date;	
(c) Expired drugs are removed from the storage units and	

destroyed properly;	
(d) Drugs are stored and secured in specifically designated cabinets, closets, drawers, or storerooms and made accessible only to authorized persons;	
(e) Drugs for external use must be stored apart from drugs for internal use;	
(f) Poisonous or caustic medications and materials including housekeeping and personal grooming supplies must show proper warning or poison labels and must be stored safely and separately from other medications and food supplies;	
(g) Drugs requiring refrigeration must be kept in a separate refrigeration unit according to manufacturer's directions;	(5) (g) WAC 246-869-160 (physical requirements for pharmacies) requires that refrigeration temperature be maintained between 36 and 46 degrees Fahrenheit. A thermometer in the refrigerator verifying the temperature, including a process for checking the temperature on a regular basis, is recommended
(h) Schedule II-IV controlled substances are:	
(i) Kept in a separate locked storage unit; and	
(ii) If heat sensitive, kept in a locked refrigeration unit;	(5) (h) (ii) WAC 246-869-160 (physical requirements for pharmacies) requires that refrigeration temperature be maintained between 36 and 46 degrees Fahrenheit. A thermometer in the refrigerator verifying the temperature, including a process for checking the temperature on a regular basis, is recommended
(i) Schedule II-IV controlled substances no longer needed by the patient must be disposed of in compliance with chapter 246-865 WAC.	(5) (i) Agencies with rules requiring appropriate disposal of controlled substances include, but are not limited to, Washington State Department of Ecology; Washington State Pharmacy Board; Federal Drug Enforcement Agency.
(6) If emergency drugs and intravenous fluids are maintained in the facility, these are considered an extension of the drug supply owned by the legally authorized prescribing practitioner; these drugs remain the responsibility of the legally authorized prescribing practitioner.	
WAC 246-329-160 Birth center--Physical environment. The purpose of this section is to reduce and control environmental hazards and risks, prevent accidents and injuries, and maintain safe conditions and equipment for clients, visitors, and staff.	
(1) The licensee shall provide and maintain a safe and clean environment. The licensee shall maintain the facility consistent with this chapter. Birthing centers built before the adoption of this chapter shall be maintained to the standards that were in place at the time the facility was licensed. If the licensee modifies or alters the facility, the altered areas must meet and be maintained consistent with this chapter and in accordance with the approved plans.	
(2) The licensee shall provide at least one birthing room that is a minimum of three hundred square feet and has a minimum dimension of fifteen feet. The room shall be adequate and appropriate to provide for the equipment, staff, supplies, and emergency procedures required for the physical and emotional care of a maternal client, her support person or persons, and the newborn during birth, labor, and the recovery period.	
(a) Additional birthing rooms shall have a gross floor space of one hundred fifty-six square feet or fourteen and one-half square meters and a minimum room dimension of eleven feet.	

(b) The licensee shall locate birthing rooms to provide unimpeded, rapid access to an exit of the building which will accommodate emergency transportation vehicles.	
(3) The licensee shall provide at least five square feet of fixed or portable work surface areas for use in the birthing room or rooms.	
(4) The licensee shall provide and maintain toilet and bathing facilities.	
(a) Toilet and lavatory shall be located in the vicinity of the birthing room or rooms.	
(b) A bathing facility must be available for client use.	
(c) The licensee shall keep clean and in good repair all floor surfaces, wall surfaces, water closets, lavatories, tubs, and showers.	
(5) The licensee shall provide a space suitable for hanging full length garments and secure storage of clients' personal belongings and valuables.	
(6) The licensee shall provide visual privacy for each maternal client and her support person or persons.	
(7) The licensee shall assure hallways and doors providing access and entry into the birth center and birthing room or rooms are adequate width and conformation to accommodate maneuvering of ambulance stretchers and wheelchairs.	
(8) Water supply. The licensee shall assure an adequate supply of hot and cold running water under pressure consistent with chapter 246-290 WAC, regarding public water supplies. The licensee shall provide and maintain equipment required to deliver hot water at point of use as follows:	
(a) 120EF or less for handwash sinks and bathing fixtures;	
(b) 160EF or more for laundry washers;	
(c) 120EF or more for laundry washers using chemical sanitation;	
(d) 120EF or more for mechanical dishwashers using chemical sanitation;	
(e) 140EF or more for mechanical dishwashers using high temperature sanitation; and	
(f) 180EF or more for sanitation cycle in high temperature mechanical dishwashers.	
(9) The licensee shall provide heating and ventilation that:	
(a) Provides a safe and adequate source of heat capable of maintaining a room temperature of at least 72EF.	
(b) Provides ventilation sufficient to remove odors, excessive heat, and condensation.	
(10) The licensee shall provide and maintain lighting and power and shall provide and maintain:	
(a) Emergency lighting;	
(b) General lighting and adequate examination lighting devices with shatterproof bulbs or protective shields, in the birthing room;	
(c) Tamperproof electrical receptacles in birthing rooms, toilets, bathing facilities and family rooms and waiting areas; and	
(d) Ground fault circuit interrupter (GFCI) receptacle when located within five feet of water source and above counters that contain sinks.	
(11) The licensee shall assure linen and laundry service, and shall provide:	
(a) Soiled linen/laundry storage and sorting areas physically separated from clean linen storage and handling areas, kitchen and eating facilities;	
(b) Laundry services and shall include a commercial laundry service or the following equipment:	
(i) Washing machine(s) providing hot water at a temperature of 160EF or 120EF for laundry washers using chemical sanitation;	

(ii) Floor drains as required for equipment;	
(iii) Dryer(s);	
(iv) Dryer exhaust to the exterior; and	
(v) A handwash sink.	
(12) The licensee shall provide utility, housekeeping, garbage, and waste services and:	
(a) Provide and maintain utility and storage facilities designed and equipped for washing, disinfecting, storing, and other handling of equipment and medical supplies in a manner which ensures physical segregation of clean and sterile supplies and equipment from those that are soiled and/or contaminated; and	
(b) Assure all sewage, garbage, refuse, biomedical waste, human tissue, needles and sharps and liquid waste are collected and disposed of in a manner to prevent the creation of an unsafe or unsanitary condition.	
(13) Medical gases. If oxygen is stored or used on the premises, the licensee shall, in addition to meeting other codes and regulations:	<i>(13) Refer to the published standards of the National Fire Protection Association if providing piped-in oxygen.</i>
(a) Assure electrical equipment used in oxygen-enriched environments is designed for use with oxygen and is labeled for use with oxygen; and	
(b) Post "no smoking" signs where oxygen is being administered.	
(14) Food storage and/or preparation. The licensee shall not provide food preparation and service except when the birth center policy allows the preparation or storage of personal food brought in by the client or families of clients for consumption by that family. In this case, the licensee shall provide an electric or gas refrigerator capable of maintaining a temperature of 45EF or lower and if furnishing reusable utensils and dishes for client use, provide dishwashing facilities assuring hot water at a temperature of not less than 140EF or 120EF or more for mechanical dishwashers using chemical sanitation.	<i>(14) Microwaveable food items or catered food and one-time use utensils and dishes may be used in the birth center.</i>
(15) The applicant may, as an alternate method for the design of new construction, use the 2006 edition of the <i>Guidelines for Design and Construction of Health Care Facilities</i> for the physical environment standards.	
WAC 246-329-170 Emergency preparedness. The purpose of this section is to establish and implement a disaster plan designed to meet both internal and external disasters.	
Each applicant or licensee shall:	
(1) Develop and implement written policies and procedures governing emergency preparedness and fire protection;	
(2) Develop an acceptable written plan, periodically rehearsed with personnel, contractors, and volunteers, to be followed in the event of an internal or external emergency, and for the care of casualties of the patient and family, personnel, contractors and volunteers arising from such emergencies; and	
(3) Develop a fire protection plan to include:	
(a) Instruction for all personnel, contractors or volunteers in use of alarms, fire fighting equipment, methods of fire containment, evacuation routes and procedures for calling the fire department and the assignment of specific tasks to all personnel, contractors and volunteers in response to an alarm; and	
(b) Semiannual evacuation and fire drills for each shift of personnel.	

<p>WAC 246-329-180 Quality improvement. The purpose of this section is to ensure that performance improvement activities of clinical staff result in continuous improvement of client health outcomes.</p>	
<p>Each childbirth center licensee must maintain a quality improvement program to assure the quality of care and services provided that includes, at a minimum:</p>	<p><i>Child birth centers may voluntarily participate in the department's coordinated quality improvement program as stated in chapter 43.70.150 RCW.</i></p>
<p>(1) A complaint process that includes a procedure for the receipt, investigation, and disposition of complaints regarding services;</p>	<p><i>(1) Complaints may be made by patients or clients, families, personnel, contractors, or others. Complaints may be documented in a complaint log or on incident reports and may relate to patients, clients or providers of care.</i></p>
<p>(2) A method to identify, monitor and evaluate:</p>	
<p>(a) Services; and</p>	
<p>(b) Referral, transfer, consultation, and transport experience and plans; and</p>	
<p>(c) Complications of pregnancy, labor and postpartum; and</p>	
<p>(d) Other aspects of services which affect quality care.</p>	
<p>(3) A method to identify, evaluate, monitor and correct problems identified by clients, families, clinical staff, volunteers, students or consultants.</p>	
<p>(4) A method to identify, evaluate, monitor and correct problems associated with events reported to the department in WAC 246-329-045 (3)(a) through (1) and (4)(a) and (b) as required by chapter 70.56 RCW.</p>	
<p>(5) A method to monitor, evaluate and modify as needed corrective actions taken.</p>	
<p>(6) A system to assess client satisfaction.</p>	
<p>WAC 246-329-990 Fees. The purpose of the fees section is to describe the fees associated with licensing, renewal and other charges assessed by the department.</p>	
<p>(1) Childbirth centers licensed under chapter 18.46 RCW shall submit an annual fee of five hundred ninety-nine dollars and ninety cents to the department unless a center is a charitable, nonprofit, or government-operated institution under RCW 18.46.030.</p>	
<p>(2) A change of ownership fee of one hundred fifty dollars. A new license will be issued and valid for the remainder of the current license period.</p>	
<p>(3) The department may charge and collect from a licensee a fee of seven hundred fifty dollars for:</p>	
<p>(a) A second on-site visit resulting from failure of the licensee to adequately respond to a statement of deficiencies;</p>	
<p>(b) A complete on-site survey resulting from a substantiated complaint; or</p>	
<p>(c) A follow-up compliance survey.</p>	
<p>(4) A licensee shall submit an additional late fee in the amount of twenty-five dollars per day, not to exceed five hundred dollars, from the renewal date (which is thirty days before the current license expiration date) until the date of mailing the fee, as evidenced by the postmark.</p>	
<p>(5) Refunds. The department shall refund fees paid by the applicant for initial licensure as follows:</p>	
<p>(a) If an application has been received but no on-site survey or technical assistance has been performed by the department, two-thirds of the fees paid, less a fifty dollar processing fee; or</p>	
<p>(b) If an application has been received and an on-site survey or technical assistance has been performed by the department, one-third of the fees paid, less a fifty dollar processing fee.</p>	
<p>(c) The department may not refund applicant fees if:</p>	

(i) The department has performed more than one on-site visit for any purpose;	
(ii) One year has elapsed since an initial licensure application is received by the department, but no license is issued because applicant failed to complete requirements for licensure; or	
(iii) The amount to be refunded as calculated by (a) or (b) of this subsection is ten dollars or less.	

IMPORTANT WEBSITE RESOURCES

www.access.wa.gov - Great resource for state government information and resources, and to obtain copies of rules (Washington Administrative Code – WAC) and statutes (Revised Code of Washington -RCW).

www.doh.wa.gov - Department of Health (DOH) Website.

www.lni.wa.gov - Department of Labor and Industries (L & I) Website.

<http://fortress.wa.gov/dshs/maa/DDDS> - Department of Social and Health Services (DSHS), Department for the Developmentally Disabled

<https://watch.wsp.wa.gov> - Washington State Patrol Website (WSP) – contains information on criminal history background checks. Website to obtain WSP criminal history background checks on line.

HOTLINE AND REPORTING PHONE NUMBERS & CONTACTS

DOH Complaint Hotline number for complaints about Home Health, Hospice, Home Care, Hospice Care Centers, Child Birth Centers, Hospitals and other acute care facilities:

(800) 633-6828

Fax: **(360) 236-2901**

DSHS Complaint Hotline number for complaints about Nursing Homes, Adult Family Homes, Boarding Homes, etc. (800) 562-6078

Adult Protective Services (reporting abuse or neglect)

(800) 562-6078

or

(800) 422-3263

Child Protective Services (reporting abuse or neglect)

(866) 363-4276

General Washington State Information line (a resource to obtain any State agency phone number or information) **(800) 321-2808**

OTHER IMPORTANT STATE OFFICE(S) & CONTACTS

CONTACT REASON

RESOURCE

DEPARTMENT OF HEALTH (DOH)

Contact for Child Birth Center application, fee, licensing and survey information.

Washington State Dept. of Health (DOH)
Facility Services Licensing
P.O. Box 47852
Olympia, WA 98504-7852
Phone: (360) 236-2918 or (360) 236-2919
Fax: (360) 236-2901

Contact for information on Child Birth Center construction review information.

Washington State Dept. of Health (DOH)
Construction Review Services
P.O. Box 47852
Olympia, WA 98504-7852
Phone: (360) 236-2955
Fax: (360) 236-2901

Contact for information on licensed nursing, certified nurse midwives and licensed midwives.

Washington State Nursing Care Quality Assurance Commission (DOH)
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 236-4738

Contact for Nursing, midwifery scope of practice, issues and questions.

Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 236-4738

Automated professional RN, midwife license verification phone number (360) 664-4111

Nursing Program Manager
(360) 236-4725

Contact for general information on health professions credentialing.

Washington State Dept. of Health (DOH)
Health Professions Quality Assurance Division
PO Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 236-4818
Email: www.hpqa.csc@doh.wa.gov

Contact for pharmacy issues and Medication Assistance WAC 246-888 information or interpretation.

Washington State Board of Pharmacy (DOH)
P.O. Box 47863
Olympia, WA 98504-7863
Phone: (360) 236-4825
Fax: (360) 586-4359

CONTACT REASON

RESOURCE

Contact for medical test site waiver information.

Washington State Dept. of Health **(DOH)**
Public Health Laboratories
1610 NE 150th Street
Shoreline, WA 98155-9701
Phone: (206) 418-5600
Fax: (206) 361-2813

Contact for information on OSHA/WISHA requirements.

Washington State Dept. of Labor & Industries **(L & I)**
P.O. Box 44650
Olympia, WA 98504-4650
Phone: (360) 902-5800 or 1-800-423-7233
Fax: (360) 902-5438

Contact for KNOWS Manual and other HIV/Aids and infection control materials.

Washington State Dept. of Health **(DOH)**
HIV Prevention & Education Services
Airdustrial Park, Building 9
P.O. Box 47840
Olympia, WA 98504-7840
Phone: (800) 272-2437

Information regarding Child Car Seat safety issues.

1-800-282-5587
www.safekids.org

Maternal and Infant Health (Department of Health)

(360) 236-3505

DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)

Contact for information on DSHS contracts, such as COPES.

Washington State Dept. of Social & Health Services
Aging and Adult Services Administration **(DSHS)**
P.O. Box 45080
Olympia, WA 98504-5080
Phone: (800) 422-3263 (customer service)

See website listed above for additional information.

Contact for information regarding state medical assistance programs (Medicaid). Includes program eligibility information, First Steps information, and Department of Developmentally Disabled (DDD) information.

Washington State Dept. of Social & Health Services
Medical Assistance Administration **(DSHS)**
Phone: (800) 562-3022 (customer service)

Contact for information about services available for persons with developmental disabilities.

Washington State Dept. of Social & Health Services
Division of Developmental Disabilities **(DSHS)**
Phone: (800) 562-3022 (customer service)

