WEST VIRGINIA
SECRETARY OF STATE
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ADMINISTRATIVE LAW DIVISION

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OFFICE OF WEST VIRGINIA SECRETARY OF STATE

NOTICE OF FINAL FILING AND ADOPTION OF A LEGISLATIVE RULE AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE.

AGENCY: Department of Health and Human Resources TITLE NUMBER: 64

AMENDMENT TO AN EXISTING RULE: YES X, NO ___

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 27

TITLE OF RULE BEING AMENDED: Trauma Center or Facility Designation

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: ___

TITLE OF RULE BEING PROPOSED: ___

THE ABOVE RULE HAS BEEN AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE.

AUTHORIZATION IS CITED IN (house or senate bill number) HB 100

SECTION §64-5-1(zz), PASSED ON May 26, 1993.

THIS RULE IS FILED WITH THE SECRETARY OF STATE. THIS RULE BECOMES EFFECTIVE ON THE FOLLOWING DATE: June 11, 1993

Ruth Ann Panepinto

Ruth Ann Panepinto, Ph.D.
Secretary

7.80

TITLE 64

WEST VIRGINIA ADMINISTRATIVE RULES
DIVISION OF HEALTH

TRAUMA CENTER OR FACILITY DESIGNATION

SERIES 27

1993

64 CSR 27

WEST VIRGINIA ADMINISTRATIVE RULES
DIVISION OF HEALTH
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WEST VIRGINIA ADMINISTRATIVE RULES
DIVISION OF HEALTH

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TRAUMA CENTER OR FACILITY DESIGNATION

§64-27-1. General.

1.1. **Scope** - This legislative rule establishes the standards, criteria and methods of designating various health care facilities in the State of West Virginia as meeting specific levels of care capability as trauma centers or facilities in order to identify those facilities best equipped and staffed to care for the critically injured patient.

1.2. **Authority** - W.Va. Code §16-4C-23.

1.3. **Filing Date** - June 11, 1993

1.4. **Effective Date** - June 11, 1993

§64-27-2. Supersession and Repeal of Former Rules.

This rule amends and reenacts **Trauma Center or Facility Designation**, 64 CSR 27, 1988.

§64-67-3. Application and Enforcement.

3.1. **Application** - This rule applies to all health care institutions, facilities, hospitals, clinics, corporations, partnerships and governmental agencies engaged in the provision of care to critically injured patients in the state.

3.2. **Enforcement** - This rule is enforced by the director of the West Virginia division of health.

§64-27-4. Definitions.

4.1. **American College of Surgeons Guidelines** - A listing of hospital resources necessary for optimal care of the injured patient published by the American College of Surgeons in 1990 in the **Bulletin of the American College of Surgeons**.

4.2. **Critical Care Committee** - A committee established at the regional and state emergency medical service agency level, composed of specialty physicians representing the eight (8) critical patient care areas of trauma, cardiac, high risk infant, poisoning, drug and alcohol detoxification, behavioral, spinal and burn for the purpose of advising the respective agency on medical care principles and activities, including categorization of health care facilities.

4.3. **Dedesignation** - The withdrawal of a previous designation level by the West Virginia division of health when it is determined by review and audit of an institution that the institution no longer meets the standards, criteria, resource availability or

commitment for trauma care.

4.4. **Designation** - An official notification from the West Virginia division of health to a particular health care facility indicating the level of trauma care capability determined by the site visit process.

4.5. **Director** - The director of the West Virginia division of health or his or her lawful designee.

4.6. **Level I** - Describes a health care facility which meets all of the standards, criteria, resources and capabilities of trauma care as listed herein (Comprehensive).

4.7. **Level II** - Describes a health care facility which meets most but not all of the standards, criteria, resources and capabilities of trauma care as listed herein (Advanced).

4.8. **Level III** - Describes a health care facility that meets some of the standards, criteria, resources and capabilities of trauma care as listed herein, but does not have the specialty care capabilities to manage the more severely injured patient throughout the course of hospitalization (Intermediate).

4.9. **Levels of Care Capability** - Resources, staffing, equipment and commitment that a particular health care facility evidences in the trauma care area. The terms comprehensive, advanced, intermediate and primary are used to identify the various levels.

4.10. **Office of Emergency Medical Services (OEMS)** - An official division of the West Virginia division of health.

4.11. **Primary** - This means a health care facility which meets the minimum standards, criteria, resources and capabilities of trauma care as listed herein.

4.12. **Proposal** - A document submitted by a health care facility which indicates the existing resources, care capability, commitments and cooperative assurances of that institution in regards to trauma care. Normally, the proposal process will be used when two (2) or more institutions located in the same community or general area are competing for designation at a particular level.

4.13. **Regional Emergency Medical Services Agency** - One (1) of several multi-county operational agencies established by the office of emergency medical services for the purpose of coordinating the development, implementation and planning for emergency medical services within the regional area. Each region is staffed by area program personnel who function under a board of directors appointed by the several emergency medical services regions served.

4.14. **West Virginia Categorization Committee** - A committee appointed by the director of the West Virginia division of health to periodically review and recommend changes in the West Virginia State Emergency Facility Categorization Plan. The committee shall be composed of three (3) representatives each of the West Virginia State Medical Association, the West Virginia State Hospital Association, the West Virginia regional or area Emergency Medical Service agencies, regional Emergency Medical Service Medical Directors, two (2) each from the West Virginia Chapter of the American College of Emergency Physicians, the West Virginia Nurses Association, the West Virginia Emergency Nurses Association, one (1) from the West Virginia Society of Osteopathic Medicine and three (3) representatives from the public at large. The director of the West Virginia division of health may name additional representatives to the committee at his or her discretion.

§64-27-5. Site Visit.

No health care facility center, unit or hospital shall be designated in accordance with the following process without a site visit being performed by individuals authorized by the West Virginia division of health to perform the site visit.

§64-27-6. General Criteria for Determining Trauma Care Capability.

6.1. **Primary** - A facility which is capable of caring for a minimally injured patient and is able through its medical staff to stabilize patients with more severe injuries prior to transfer to a facility with higher care capability.

6.2. **Level III** (Intermediate) - An institution with the resources necessary to provide trauma care commensurate with those resources and demonstrates a commitment to excellence of trauma care. Transfer protocols in selected specialty areas are required.

6.3. **Level II** (Advanced) - A community institution which has the resources necessary to provide trauma care to all injured patients except those requiring sophisticated trauma care.

6.4. **Level I** (Comprehensive trauma facility) - A hospital operating in a metropolitan area and experiencing approximately six hundred (600) to one thousand (1,000) admissions per year of seriously injured patients, or the treatment of approximately fifty (50) immediately life-threatening and/or urgent injured patients per year for each surgeon taking trauma call.

§64-27-7. Specific Standards and Criteria for Designation of Health Care Facilities as Trauma Centers.

7.1. Primary Level Facility (No National Level Designated)

7.1.1. **Care Capability**

A. The hospital and its medical and nursing staffs, having met minimum standards as adopted from the American College of Emergency Physicians guidelines for emergency departments and having been included in the West Virginia Emergency Facility Categorization Plan, are capable of treating and stabilizing patients with:

1. Closed fractures

2. Soft tissue injuries with stabilized bleeding

3. Multiple rib fractures without flail chest

4. Blunt abdominal trauma not producing hypotension

B. Required resources and equipment:

1. X-Ray facilities with adequate interpretation and laboratory facilities, both available twenty-four (24) hours a day.

2. Regularly available physicians capable of caring for the patient injuries described in Section 7.1.1.A of this rule.

3. Experienced nurses available to care for and evaluate such patients

4. Available stored blood

5. Cut-down trays

6. Surgical supplies for hemostasis and wound repair

7. Splints and slings

8. Oxygen supplies

9. Nasogastric tube sets

10. Suction equipment

11. Parenteral fluids and infusion equipment including dextran or similar product and blood administration sets

12. Standard emergency drugs

13. Stretchers capable of Trendelenberg position

14. Electrocardioscope-graph-defibrillator equipment

7.2. Level III Trauma Center (Intermediate)

7.2.1. **Care Capability** - The hospital and its medical, nursing and administrative staffs are capable of treating and stabilizing patients with most types of traumatic injuries. Available resources include all those listed under "Primary Level Facility," plus the following:

A. Hospital organization:

1. Departments/divisions/services or sections which are staffed by qualified physicians:

a. Required: General surgery

b. Recommended/Desired: Trauma service

2. Surgical specialties availability. On-call and promptly available from inside or outside the hospital (The staff specialists on call are immediately advised and promptly available. This capability is continuously monitored by the trauma quality assurance program.)

a. Required:

(1) General surgery specialists: (Communication is such that the general surgeon is present in the emergency department at the time of arrival of the trauma patient.)

b. Recommended/Desired:

(1) Ophthalmic surgery specialists

(2) Orthopedic surgery specialists

(3) Otorhinolaryngologic surgery specialists

(4) Thoracic surgery specialists

(5) Urologic surgery specialists

(6) Neurological surgery specialists

3. Non-surgical specialties availability:

a. Required: (In-hospital twenty-four (24) hours a day):

(1) Emergency medicine: (This requirement may be fulfilled by a physician who is credentialed by the hospital to provide emergency medical services.)

b. Required: (On call and promptly available from inside or outside the hospital):

(1) Anesthesiology (May be physician directed program staffed by nurse anesthetists)

(2) Internal medicine

c. Recommended/Desired:

(1) Cardiology

(2) Hematology

(3) Nephrology

(4) Pediatrics

(5) Radiology

(6) Family Medicine (The patient's primary care physician is notified at an appropriate time.)

(7) Pathology

4. Emergency Department/Division/Service/Section: The emergency department staff should ensure immediate and appropriate care for the trauma patient. The emergency department physician functions as a designated member of the trauma team. The relationship between emergency department physicians and other participants of the trauma team is established on an individual hospital basis, consistent with resources but adhering to established standards that ensure optimal care.

B. Special facilities, resources and capabilities

1. Emergency department:

a. Personnel - Required:

(1) Designated physician director

(2) Physician(s) with special competence in the care of the critically injured patient and who is a designated member of the trauma team and is physically present in the emergency department twenty-four (24) hours a day

(3) Registered nurses, licensed practical

nurses and nurses' aides in adequate numbers

b. Equipment for resuscitation and to provide life support for the critically or seriously injured patient shall include, but not be limited to the following: (Required)

(1) Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of all sizes, bag-mask resuscitator, sources of oxygen and mechanical ventilator

(2) Suction devices

(3) Electrocardiograph-scope-defibrillator

(4) Apparatus to establish central venous pressure

(5) All standard intravenous fluids and administration devices, including intravenous catheters

(6) Sterile surgical sets for procedures standard for emergency departments, such as thoracostomy, venesection, and lavage

(7) Gastric lavage equipment

(8) Drugs and supplies necessary for emergency care

(9) Two-way radio linked with vehicles of emergency transport system and with essential on-call physicians in-hospital

(10) X-ray capability, twenty-four (24) hour coverage by in-hospital technician - (Desired/Recommended)

(11) Swan-Ganz and arterial catheters

(12) Skeletal traction device for cervical injuries

(13) Thermal control equipment for patient, blood and

2. Intensive care unit for trauma patients (May be separate specialty units.):

a. Required:

(1) Designated surgical director

(2) Nurse-patient ratio at a minimum of 1:2 on each shift

(3) Immediate access to clinical diagnostic services

(4) Equipment required: Appropriate monitoring and resuscitation equipment

b. Recommended/Desired:

(1) Surgeon, credentialed in critical care by the trauma director, on duty in the intensive care unit (ICU) twenty-four (24) hours a day or immediately available from inside the hospital

3. Postanesthetic recovery room (a surgical intensive care unit is acceptable):

a. Required:

(1) Registered nurses and other essential personnel available twenty-four (24) hours a day

(2) Appropriate monitoring and resuscitation equipment

4. Hemodialysis

a. Recommended/Desired:

(1) Acute hemodialysis capability or written transfer agreements in place

5. Organized Burn Care

a. Essential - Required:

(1) Physician-directed burn center staffed by nursing personnel trained in burn care and equipped properly for care of the extensively burned patient, or

(2) Written transfer agreement with nearby burn center or hospital with a burn unit.

6. Acute Spinal Cord/Head Injury Management Capability

a. Essential - Required:

(1) In circumstances where a designated spinal cord injury rehabilitation center exists in the region, early transfer should be considered; written transfer agreements shall be in effect.

(2) In circumstances where a head injury center exists in the region, transfer should be considered in selected patients; transfer agreements should be in effect.

7. Radiological Special Capabilities

a. Recommended/Desired:

(1) Angiography of all types

(2) Sonography

(3) Nuclear scanning

(4) Computed tomography

(5) In-hospital computerized technology (CT) technician twenty-four (24) hours a day

8. Rehabilitation Medicine

a. Essential:

(1) Physician-directed rehabilitation service staffed by nursing personnel trained in rehabilitation care and equipped properly for care of the critically ill patient, or

(2) Transfer agreement when medically feasible to a nearby rehabilitation service.

C. Operating suite special requirements, equipment and instrumentation:

1. Required:

a. Thermal control equipment for patients, fluids and blood supplies

b. Endoscopes, all varieties

c. Monitoring equipment

2. Recommended/Desired:

a. Operating room adequately staffed and immediately available twenty-four (24) hours a day

b. Craniotome

c. X-ray capability including c-arm image intensifier with technologist available twenty-four (24) hours a day

D. Clinical laboratory services

1. Required twenty-four (24) hours a day:

a. Standard analysis of blood, urine and other body fluids

b. Blood-typing and cross-matching

c. Coagulation studies

d. Comprehensive blood bank or access to a community central blood bank and adequate hospital storage facilities

e. Blood gas level and pH determinations

f. Microbiology

2. Recommended/Desired:

a. Serum and urine osmolality determinations

b. Drug and alcohol screening (Toxicology screens need not be immediately available but are desirable. If available, results are included in all quality assurance reviews.)

E. Programs for quality assurance

1. Required:

a. Organized quality assurance program

b. Special audits for trauma deaths

c. Trauma morbidity and mortality reviews

d. Medical nursing audits, utilization review and tissue review

e. Trauma registry (Documentation is made of

severity of injury by trauma score, age, injury severity score (ISS) and outcome by survival, length of stay, intensive care unit length of stay, with monthly review of statistics.)

2. Desired/Recommended:

a. Trauma conference, multidisciplinary (Regular and periodic multidisciplinary trauma conferences that include all members of the trauma team are held for the purpose of quality assurance through critiques of individual cases.)

b. Review of prehospital and regional systems of trauma care

F. Public education program - Recommended/Desired

1. Program(s) to cover injury prevention in the home, in industry, on the highway and on athletic fields. To include programs of standard first aid, problems confronting the public, medical profession and hospitals regarding optimal care for the injured patient.

G. Trauma Research Program - Desired

H. Training Program

1. Formal programs in continuing education provided by hospital for:

a. Staff physicians - Desired/Recommended

b. Nurses - Required

c. Allied health personnel - Required

d. Community physicians - Desired/Recommended

7.3. **Level II Trauma Center (Advanced)**

7.3.1. **Care Capability** - The hospital and its medical, nursing and administrative staffs are capable of treating and stabilizing patients with all but the most serious or complicated traumatic injuries. Resources include all of those required elements of primary and Level III trauma facilities, plus the following:

A. Hospital organization:

1. Departments/divisions/services or sections which are staffed by qualified physicians:

a. Required:

(1) Neurologic surgery

(2) Orthopedic surgery

(3) Trauma Service

b. Recommended/Desired:

(1) Cardiothoracic surgery

(2) Obstetrics-gynecologic surgery

(3) Ophthalmic surgery

(4) Oral surgery (dental)

(5) Otorhinolaryngologic surgery

(6) Pediatric surgery

(7) Plastic and maxillofacial surgery

(8) Urologic surgery

2. Surgical specialties availability:

a. Required:

(1) General surgery - In-hospital twenty-four (24) hours a day: (Evaluation and treatment may be started by a team of surgeons that includes, at a minimum, a senior fourth year (PGY 4) general surgical resident who is a member of the hospital's surgical residency program. The trauma attending surgeon's participation in major therapeutic decisions and presence at operative procedures are mandatory and are monitored by the hospital's trauma quality assurance program. Local criteria may be established, where warranted, that allow the general surgeon to take call from outside the hospital, but with a clear commitment on the part of the hospital and the surgical staff, that the general surgeon will be present in the emergency department at the time of arrival of the trauma patient and is available to care for trauma patients in the ICU.)

(2) Neurologic surgery - In-hospital twenty-four (24) hours a day. An attending neurosurgeon is promptly available and dedicated to that hospital's trauma service. The in-house requirement may be fulfilled by an in-house neurosurgeon or surgeon who has special competence, as judged by the chief of neurosurgery, in the care of patients with neural trauma, and who is capable of initiating measures directed toward stabilizing the patient and initiating diagnostic procedures.

(3) Orthopedic surgery - In-hospital twenty-four (24) hours a day. An attending orthopedic surgeon must is promptly available and dedicated to that hospital's trauma service. The in-hospital requirement may be fulfilled by an in-hospital orthopedic surgeon or a surgeon who has special competence, as judged by the chief of orthopedic surgery, in the care of patients with orthopedic trauma, and who is capable of initiating measures directed toward stabilizing the patient as well as initiating diagnostic procedures.

(4) On-call and promptly available from inside or outside the hospital: (The staff specialists on call are immediately advised and are promptly available. This capability is continuously monitored by the trauma quality assurance program.)

(a) Ophthalmic surgery

(b) Otorhinolaryngologic surgery

(c) Thoracic surgery

(d) Urologic surgery

b. Recommended/Desired:

(1) On-call and promptly available from inside or outside the hospital:

(a) Cardiac surgery

(b) Microsurgical capabilities

(c) Obstetric-Gynecologic surgery

(d) Pediatric surgery

(e) Hand surgery

(f) Oral surgery (dental)

3. Non-surgical specialties availability:

a. Required:

(1) In hospital twenty-four (24) hours a day:

(a) Emergency medicine: (Requirements may be fulfilled by emergency medicine chief residents. When chief residents are used to fulfill availability requirements, the staff specialist on call is advised and is promptly available.)

(b) Anesthesiology: (Requirements may be fulfilled by anesthesiology chief residents capable of assessing emergent situations in trauma patients and of providing any indicated treatment, including initiation of surgical anesthesia. When anesthesiology chief residents are used to fulfill availability requirements, the staff anesthesiologist on call is advised and is promptly available.) (Requirements may be fulfilled when local conditions assure that the staff anesthesiologist will be in the hospital at the time of or shortly after the patient's arrival. During the interim period, prior to the arrival of the staff anesthesiologist, a certified nurse anesthetist (CRNA) capable of assessing emergency situations in trauma patients and of initiating and providing any indicated treatment is available.)

(2) On-call and promptly available from inside or outside the hospital:

(a) Cardiology

(b) Hematology

(c) Nephrology

(d) Pathology

(e) Pediatrics: (The patient's primary care physician is notified at an appropriate time.)

(f) Radiology

(g) Internal Medicine: (The patient's primary care physician is notified at an appropriate time.)

b. Recommended/Desired:

(1) On-call and promptly available from inside or outside the hospital:

(a) Gastroenterology

(b) Infectious disease

(c) Psychiatry

(d) Chest Medicine

(e) Family Medicine: (The patient's primary care physician is notified at an appropriate time.)

B. Special facilities, resources and capabilities:

1. Emergency department: Same as Section 7.2.1.B.1 under Level III

2. Intensive care unit(s): (Same as Section 7.2.1.B.2 under Level III, plus)

a. Required:

(1) Surgeon, credentialed in critical care by the trauma director, on duty in intensive care unit twenty-four (24) hours a day or immediately available in-hospital (Local criteria may be established that allow the general surgeon to take call from outside of the hospital, but with the clear commitment on the part of the hospital and the surgical staff, that the general surgeon will be present in the emergency department at the time of arrival of the trauma patient and be available to care for trauma patients in the intensive care unit.)

3. Postanesthetic recovery room: Same as Section 7.2.1.B.3 under level III.

4. Acute Hemodialysis capability - Recommended/Desired

5. Radiological special capabilities:

   a. Required:

      (1) Angiography of all types

      (2) Computed tomography

   b. Recommended/Desired:

      (1) Sonography

      (2) Nuclear scanning

      (3) Computerized tomography technician in-hospital twenty-four (24) hours a day

6. Rehabilitation Medicine: Same as Section 7.2.1.B.8 for Level III

C. Operating suite special requirements, equipment and instrumentation:

1. Required:

   a. Operating room adequately staffed and immediately available twenty-four (24) hours a day

   b. Craniotome

   c. Thermal control equipment for patient, blood and fluids

   d. X-ray capability including c-arm image intensifier with technologists available twenty-four (24) hours a day

   e. Endoscopes, all varieties

   f. Monitoring equipment

2. Recommended/Desired:

   a. Cardiopulmonary bypass capability

   b. Operating microscope

D. Clinical laboratory services: As before under Level

III

1. Required:

a. Drug and alcohol screening

b. Serum and urine osmolality

E. Quality assurance: Same as Level III, Plus:

1. Trauma conference, multidisciplinary - Required

2. Quality assurance personnel who are dedicated to and specific for the trauma program - Required

F. Public education programs to cover injury prevention in the home, in industry, on the highway and on athletic fields. To include programs of standard first aid, problems confronting the public, medical profession and hospitals regarding optimal care for the injured patient. Required

G. Outreach program with telephone and on-site consultations with physicians of the community and outlying areas. Desired/Recommended

H. Training program: Same as Section 7.2.1.H for Level III, Plus:

1. Formal program in continuing education provided by the hospital for:

a. Staff physicians - Required

b. Community physicians -- Required

I. Trauma Research Program - Required

7.4. **Level I Trauma Center (Comprehensive)**

7.4.1. **Care Capability** - The hospital and its medical, nursing and administrative staffs are capable of treating and stabilizing patients with all types of trauma within the existing state of the art technology and knowledge. The facility or center operates as a dedicated trauma service with all of the resources and capabilities afforded to the other national Level I (Comprehensive) trauma centers across the nation. The resources available to the comprehensive trauma facility include all of those previously listed as required for "Primary," "Level III," and "Level II" trauma facilities, plus the following:

A. Hospital organization:

1. Required departments/divisions/services or sections which are staffed by qualified physicians:

   a. Cardiothoracic surgery service

   b. Ophthalmic surgery service

   c. Otorhinolaryngologic surgery service

   d. Pediatric surgery service

   e. Plastic and maxillofacial surgery service

   f. Urologic surgery service

   g. Oral Surgery-Dental

2. Surgical specialties availability: (On-call and promptly available from inside or outside the hospital)

   a. Required:

      (1) Cardiac surgery

      (2) Microsurgery capabilities

      (3) Obstetric/Gynecologic surgery

      (4) Pediatric surgery

      (5) Hand surgery

      (6) Oral surgery (dental)

3. Non-surgical specialties availability:

   a. Required:

      (1) Gastroenterology

      (2) Infectious disease

      (3) Nephrology

      (4) Chest medicine

      (5) Psychiatry

      (6) Anesthesiology - (Requirements may be fulfilled by anesthesiology chief residents who are capable of assessing emergent situations in trauma patients and of

providing any indicated treatment, including initiation of surgical anesthesia. When anesthesiology chief residents are used to fulfill availability requirements, the staff anesthesiologist on call is advised and is promptly available.)

b. Recommended/Desired:

(1) Family Medicine (Notification same as Section 7.3.1.A.3.b.(1)(e) for Level II.)

B. Special facilities; resources and capabilities:

1. Emergency department - Same as Section 7.3.1.B.1 for Level II plus:

a. Swan-Gantz and arterial catheters required

2. Intensive care unit(s): Same as Section 7.3.1.B.2 for Level II except:

a. Surgeon, credentialed in critical care by the trauma director is on duty in intensive care unit twenty-four (24) hours a day or immediately available in the hospital.

3. Postanesthetic recovery room: (Surgical intensive care unit is acceptable) - Same as Section 7.3.1.B.3 for Level II

4. Acute hemodialysis capability required

5. Radiological special capabilities:

a. Required:

(1) Sonography

(2) Nuclear scanning

(3) Computerized technology (CT) technician in-hospital twenty-four (24) hours a day.

6. Rehabilitation medicine - Required

a. Physician-directed rehabilitation and service staffed by personnel trained in rehabilitation care and equipped properly for care of the critically injured patient.

C. Operating suite special requirements, equipment and instrumentation:

1. Cardiopulmonary bypass capability - Required

2. Operating microscope - Required

D. Clinical laboratory services: Same as Section 7.3.1.D for Level II

E. Programs for quality assurance - Required

1. Review of pre-hospital and regional systems of trauma care.

F. Outreach program with telephone and on-site consultation with physicians of the community and outlying areas - Required

G. Trauma research program - Required

1. A defined and documented program for the study of the various aspects of trauma treatment, diagnosis, management and patient response is provided.

§64-27-8. Notification and Site Visit Process.

8.1. The designation of health care facilities providing emergency or critical trauma care services to patients in this State shall be accomplished in a manner consistent with mutual cooperation of the facility to be evaluated and the agency performing or causing to be performed the site visit intended to obtain the necessary facts and information to facilitate the designation.

8.2. The evaluation process shall only address the resources, equipment, care capability and commitment for trauma care on the part of the institution and its medical, nursing and administrative staffs, as recommended by the West Virginia Categorization Committee and published by the West Virginia division of health office of emergency medical services.

8.3. **Notification of Intention to Perform a Site Visit** - The regional emergency medical services agency through its board of directors shall notify in writing each health care institution within the emergency medical services regional borders that a site visit by qualified physicians and others is to be accomplished upon acceptance in writing of the site visit by the health care facility, institution, clinic, center, unit or hospital.

8.4. The site visit team selected by the regional emergency medical services board of directors and approved by the West Virginia division of health shall include specialists in the care of traumatized patients and if necessary, other medical specialists, as well as others appointed by the board of directors to assist in the site visit process.

8.5. Each facility to be visited shall be provided a copy of this rule as well as a copy of the evaluation form or forms to be used by the site visit team free of charge by the regional emergency medical services agency involved.

8.6. The hospital and its medical staff shall appoint appropriate individuals to accompany the site visit team and provide access to the various clinical and administrative areas of the hospital during the site visit.

8.7. Patient confidentiality shall be maintained throughout the process and names or other patient identifying information shall not be published or recorded in any form by the site visit team. Review of patient records by physician members of the team shall be permitted even though the physicians may not be members of the hospital medical staff. The hospital may require that one (1) of its medical staff or medical records personnel accompany the site visit team physician or physicians during review of patient records.

8.8. The site visit team leader, previously appointed by the regional emergency medical services board of directors, and approved by the director of the West Virginia division of health office of emergency medical services, shall review the results of the survey prior to departing the hospital or facility in order to give the hospital administrator and the medical staff representative a preliminary judgment as to the level of trauma care determined. The verbal reports shall not be interpreted as final, but shall be used to allow the hospital and its medical staff the opportunity of preparing a response upon official notification and to allow the re-evaluation of specific areas by the site visit team leader or his or her representative(s) if significant changes are made prior to submission of the results of the site visit to the regional emergency medical services board of directors.

8.9. The regional emergency medical services board of directors may delegate to its critical care committee and the regional emergency medical services medical director the authority to carry out the entire site visit process, upon approval of the director of the West Virginia division of health office of emergency medical services, but the ultimate responsibility for the actions of the critical care committee and emergency medical services medical director shall remain with the regional emergency medical services board of directors.

8.10. The regional emergency medical services board of directors or its designee shall prepare a report indicating the findings of the site visit team and recommend to the West Virginia division of health office of emergency medical services the levels of trauma care capability for each health care facility, institution, clinic, center, unit or hospital so evaluated. A copy of the final recommendations related to each facility shall be sent to each facility individually with no reference to the findings on

other facilities. The report to the West Virginia division of health office of emergency medical services shall be prepared in matrix form showing the name of each facility in the left hand column and the level of care capability in rows across the top of the page. In addition, the report to the West Virginia division of health office of emergency medical services shall contain the names of the individuals participating in the site visits and any other pertinent comments related to the acceptance of the verbal report by the hospital administrative or medical personnel.

8.11. Upon receipt of the recommendations from the regional emergency medical services board of directors, the West Virginia division of health office of emergency medical services shall prepare a letter of provisional designation to each facility. This designation is limited to trauma care capability and shall not be interpreted as implying total facility care capability or expertise in other areas of health care.

§64-27-9. Designation Process.

9.1. The West Virginia division of health shall have the power to designate health care facilities in the State which meet or exceed the standards and criteria listed herein as "Primary," "Level III," "Level II" or "Level I" trauma facilities, units or centers. A designation shall be provided in writing by the director of the West Virginia division of health upon determination that the appropriate standards and criteria have been met or exceeded by a health care facility.

9.2. The initial review of a particular health care facility may be accomplished by regional emergency medical service agencies utilizing the standards and criteria listed in this rule and performed in accordance with the mechanisms outlined in Sections 5 and 6 of this rule.

9.3. Upon review and recommendation of the board of directors of the regional emergency medical services agency, or its designated body, the proposed level of designation shall be submitted to the West Virginia division of health office of emergency medical services for review and action.

9.4. The director of the West Virginia division of health shall issue a provisional designation to the health care facility upon determination that the information submitted by the regional emergency medical services agency is in order and reflects compliance with this rule.

9.5. Upon granting the provisional designation, the director of the West Virginia division of health may enlist the assistance of outside reviewers to perform a site visit at the health care facility in order to confirm the original findings. If outside reviewers are not utilized, the director of the West Virginia division of health shall perform the site visits accompanied by

specialists and others recruited from West Virginia licensed physicians practicing critical care medicine in the specialty or subspecialty related to trauma care.

9.6. Upon verification that the health care facility has met the appropriate criteria and standards, an official letter of designation shall be forwarded to the hospital administrator by the director of the West Virginia division of health.

9.7. Should the regional emergency medical service agency refuse or be unable to provide the initial evaluation through its own resources or from outside consultants, the director of the West Virginia division of health shall arrange for the initial appraisal of the institution or institutions in question.

9.8. In areas of the State where the most likely institution for trauma care refuses to allow site visits by the regional emergency medical services agency or the director of the West Virginia division of health, and, where no other appropriate institution is located within a reasonable distance, the director of the West Virginia division of health may enter the facility in order to accumulate the necessary information to evaluate the institution's trauma care capability, but no official designation shall be made. The level of trauma care capability may be provided to the public and emergency ambulance squads in order to facilitate proper transportation to the most appropriate facility for the care of a particular type of injury.

9.9. No institution, health care facility, unit, center or hospital shall hold itself out to be a trauma center, unit or facility until a designation level is assigned by the director of the West Virginia division of health. Any public advertisement or claim of such trauma care capability on the part of a health care facility prior to receiving the appropriate designation may result in civil proceedings against the institution.

9.10. Any institution, health care facility, unit, center or hospital having received a designation as a trauma center, unit or facility from the West Virginia division of health shall be exempted from the antitrust laws of this state pertaining to antitrust actions brought as a result of such designation by an individual, individuals, corporation, partnership, other health care institution, or governmental agency.

§64-27-10. Review or Audit of Designated Facilities.

10.1. The director of the West Virginia division of health shall have the power to periodically review or cause to be reviewed the trauma care capability of a previously designated health care facility. The review or audit may include a site visit or visits to the institution in order to verify that the original standards and criteria are still in place. The audit or review may be performed at the discretion of the director of the West Virginia

division of health, but in no case more frequently than annually and with the time and date of the site visit being mutually agreed upon by the official spokesperson of the institution and the director of the West Virginia division of health.

10.2. The director of the West Virginia division of health may authorize qualified individuals outside state government to perform site visits.

10.3. Should a site visit audit result in a report indicating less than acceptable levels of care capability as indicated by the standards and criteria listed herein, the institution may be dedesignated at a lower level until the institution meets the standards and criteria of the previous designation level.

10.4. A health care facility receiving notification from the West Virginia division of health of its intention to lower the designation level shall be given the opportunity to respond in writing within ten (10) working days upon receipt of the notification of dedesignation. The response shall contain the reasons for recommending that no change in designation be made. The director of the West Virginia division of health may revoke the notice of dedesignation based upon factual information provided by the facility that substantially alters the results of the site visit.

§64-27-11. Combined Hospital Designation of Trauma Centers.

11.1. **General** - Due to limitations in particular areas of trauma care in basically similar hospitals located in a community, there is a need to recognize the combined capabilities of these hospitals in the designation process.

11.2. **Requirements** - Two (2) or more hospitals within a particular community which share a common physician attending staff and which would be eligible for a certain designation if the resources of each of the hospitals were to be combined in a trauma care plan, may be individually designated at the combined level. In order to qualify for a combined trauma center designation the following requirements shall be met:

11.2.1. A current (annual) written plan of trauma patient care shall be available and endorsed by each hospital.

11.2.2. Specific care capabilities for all major injury types shall be addressed and the plan shall indicate the re-sources available for treatment of these major injuries, including personnel, equipment and facilities.

11.2.3. Specific triage protocols (based upon types of injury) shall be provided in writing and endorsed by each participating hospital. The medical command center shall accept these protocols and follow the triage patterns in directing patient flow.

11.2.4. The participating hospitals shall address each of the standards for designation and shall, as a combined effort, meet the standards upon which designation is based. All facilities may then be designated at that particular level although separately none of the facilities would be capable of meeting all of the standards for that level of care.

11.3. **Minimum Care Capabilities** - Each facility participating in a combined designation process shall meet certain minimum standards in order to be eligible for the combined designation.

11.3.1. Each facility participating in a combined designation process shall be capable of meeting all of the required/essen- tial standards of a Level III (Intermediate) trauma center.

11.3.2. Each facility shall meet the following Level II (Advanced) standards individually in order to qualify for combined designation as Level II:

A. All standards listed under "Hospital organization," Section 7.3.1.A of this rule.

B. All standards listed under "Special facilities, resources, and capabilities," Section 7.3.1.B of this rule.

C. All standards listed under "Operating suite special requirements equipment and instrumentation," Section 7.3.1.C of this rule.

11.4. **Combined Designation as Level I (Comprehensive) Trauma Center** - Each facility shall meet as a minimum all of the minimum care capabilities listed under Section 11.3 of this rule, and in addition, shall individually meet the following standards:

11.4.1. All standards listed under "Special facilities, resources, and capabilities," Section 7.4.1.B of this rule.

11.4.2. All standards listed under "Programs for quality assurance," Section 7.4.1.E of this rule.

11.5. **Shared Resources** - Other than those requirements listed above under Sections 11.3 and 11.4 of this rule, all other human resources, specialists, equipment or facilities may be located in one (1) or the other hospital.

11.6. **Restrictions** - If only a single hospital within a community meets all of the standards of a Level II or above trauma center, then only that hospital may be the designated trauma center for that community or area. All other hospitals approaching Level II, but not meeting all of the standards required herein for Level II designation are not eligible for combined designation as Level II trauma centers.

§64-27-12. Proposal Method and Review Process.

12.1. In those cases where it is impractical or when one (1) or more qualified hospitals in a community insists upon designation of the trauma center through the proposal process rather than the method of combined or single designation previously described, each hospital shall be given the opportunity to present a written proposal stating the qualifications of that hospital that would indicate the resources, personnel, equipment and facilities necessary for designation at a particular level. Standard forms for this purpose shall be supplied by the West Virginia division of health upon request. Upon receipt of the completed forms from all participating hospitals, the emergency medical services regional board of directors shall submit the entire group of proposals to the West Virginia division of health, office of emergency medical services for review and processing.

12.2. **Submission of Proposals** - Each hospital participating in the proposal process within an emergency medical services region shall submit the completed forms to the regional emergency medical services board of directors for review for completeness and proper preparation. The regional emergency medical services board shall make no judgements or decisions regarding the individual proposals, but shall provide appropriate written comments regarding the compatibility of the proposals with the regional trauma care strategy. Upon receipt and review of a proposal that is found to be incorrectly prepared or incomplete, the regional emergency medical services board shall return the proposal to the respective hospital for corrections.

12.3. The director of the West Virginia division of health shall appoint a site visit team composed of physicians and others familiar with trauma center designation principles to visit each facility submitting a proposal within a West Virginia emergency medical service region in order to ascertain the validity of the individual proposals and make recommendations regarding the findings of the site visit to the director of the West Virginia division of health.

12.4. Upon receipt of the site visit reports, the proposal and findings of the site visit team shall be evaluated by the director of the West Virginia division of health and outside consultants if necessary, in order to determine which facility, if any, shall be designated as the trauma center.

12.5. Written confirmation of the receipt of all materials submitted shall be sent to each hospital participating in the proposal process.

12.6. Upon review of the submitted proposals, the director of the West Virginia division of health may elect to follow any of the following actions:

12.6.1. Selection of one (1) facility to be designated as the trauma center.

12.6.2. Submit materials or portions of the proposal back to a hospital to obtain additional information or to properly complete the proposal.

12.6.3. Arrange for an additional site visit at one (1) or more hospitals to verify previous findings or to evaluate additional resources.

12.6.4. Make a determination that none of the proposals meet the requirements for any level of designation.

12.6.5. Recommend that two (2) or more facilities request combined designation.

§64-27-13. Appeal Mechanism.

13.1. Upon receipt of official designation action, a health care facility may appeal the designation through the following mechanism:

13.1.1. The facility may request a re-evaluation of any specific areas by the original site visit team. Should this review remain unchanged and the hospital continue to disagree with any part of the site visit team's findings, the hospital may request review and recommendations by the State critical care committee.

13.1.2. A request for re-evaluation may be made at any time within thirty (30) working days of receipt of the notice of provisional designation from the director of the West Virginia division of health by any participating hospital. Requests may be made for re-evaluation at any future time that the hospital administration feels that the level of care has changed due to improvements, additions or deletions from conditions or resources existing at the time of the original or subsequent site visits.

13.1.3. Requests for re-evaluation shall include the specific area or areas of concern on the part of the facility and shall those facts or factors which would significantly affect the level of care previously designated.

13.1.4. A request to the West Virginia categorization committee for review of a site visit evaluation which has been acted upon by the regional and State critical care committees shall be acted upon by the West Virginia categorization committee within three (3) months of such request on the part of a hospital. This action constitutes the programmatic appeals mechanism and shall only be utilized when an agreement cannot be reached between the hospital and the critical care committees.

13.1.5. The West Virginia categorization committee may follow

one (1) of several alternatives in reaching a decision:

13.1.5.1. Appointment of a special site visit team, approved by the director of the West Virginia division of health, to review the original report and perform an additional evaluation of specific areas of concern and report the findings to the West Virginia categorization committee for action.

13.1.5.2. Refer the request to the original critical care committee for review and re-evaluation with specific recommendations as to the action to be taken.

13.1.5.3. Alter the level of care capability previously reported based upon results of the site visit, additional information received from the hospital and make appropriate recommendations to the West Virginia division of health re-garding designation level.

13.1.5.4. Reaffirm the re-evaluation recommended designation level as made by the critical care committees.

13.1.5.5. Regardless of the alternative method chosen by the West Virginia categorization committee, the hospital shall be informed by letter from the chairperson of the committee of the action taken and/or final decision.

§64-27-14. Administrative Due Process.

Those persons adversely affected by the enforcement of this rule desiring a contested case hearing to determine any rights, duties, interests or privileges shall do so in a manner prescribed in **Rules of Procedure for Contested Case Hearings and Declaratory Rulings, 64 CSR 1.**

§64-27-15. Severability.

The provisions of this rule are severable. If any provision of this rule is held invalid, the remaining provisions remain in effect.

KEN HECHLER
Secretary of State

MARY P. RATLIFF
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May 28, 1993

Kay Howard
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Building 3, Room 204
State Capitol
Charleston, WV 25305

HB 100 authorizing, **Title 64, Series 27, Trauma Center or Facility Designation**, passed the Legislature on **May 26, 1993.** It is now awaiting the Governor's signature.

You have sixty (60) days after the Governor signs HB 100, to final file the legislative rule with the Secretary of State's office. To final file your legislative rule, fill in the blanks on the enclosed form #6, the "Final Filing" form and file the form with our office. Authorization for your legislative rule is cited in **HB 100** section **64-5-2(zz).** The agency may set the effective date of the legislative rule up to ninety (90) days from the date the legislative rule is final filed with the Secretary of State's office. Please have an authorized signature on the bottom line.

***IMPORTANT: IF YOUR AGENCY HAS COMPLETED THE LEGISLATIVE RULE ON A COMPUTER SYSTEM THAT USES A 3 1/2" OR 5 1/4" DISK, **PLEASE SUBMIT A CLEAN COPY, WITH ALL UNDERLINING AND STRIKE-THROUGHS TAKEN OUT,** TO OUR OFFICE WHEN FINAL FILING THE RULE. STATE ON THE DISK THE FORMAT THE RULE IS IN AND THE TITLE IT IS FILED UNDER. THIS WILL MAKE IT QUICKER FOR US TO ENTER YOUR RULES ON THE LEGISLATIVE DATA BASE. REMEMBER THE TEXT OF THE COMPUTER FILED RULE **MUST** BE IDENTICAL - WORD FOR WORD, COMMA FOR COMMA, **WITH ALL UNDERLINING AND STRIKE-THROUGHS TAKEN OUT,** AS THE HARD COPY AUTHORIZED BY THE LEGISLATURE.

After the final rule is entered into the legislative data base, the rule will be sent to the agency for review and proofing. Following confirmation or corrections, as the case may be, the Secretary of State shall submit to the agency a final version of the rule for their records.

If you have any questions or need any assistance, please do not hesitate to call our office.

Thank You
Administrative Law Division

SENATE BILL NO. 194

(By **Senator Manchin**)

[Introduced March 1, 1993; referred to the Committee on Health and Human Resources; and then to the Committee on the Judiciary.]

A BILL to amend and reenact section two, article five, chapter sixty-four of the code of West Virginia, one thousand nine hundred thirty-one, as amended, relating to authorizing the division of health to promulgate legislative rules relating to trauma center or facility designation.

Be it enacted by the Legislature of West Virginia:

That section two, article five, chapter sixty-four of the code of West Virginia, one thousand nine hundred thirty-one, as amended, be amended and reenacted, to read as follows:

ARTICLE 5. AUTHORIZATION FOR DEPARTMENT OF HEALTH AND HUMAN RESOURCES TO PROMULGATE LEGISLATIVE RULES.

§64-5-2. State board of health; division of health.

(a) The legislative rules filed in the state register on the second day of June, one thousand nine hundred eighty-two,

relating to the state board of health (waste water treatment works operations), are authorized.

(b) The legislative rules filed in the state register on the second day of June, one thousand nine hundred eighty-two, relating to the state board of health (laboratory reporting of syphilis and gonorrhea), are authorized.

(c) The legislative rules filed in the state register on the second day of June, one thousand nine hundred eighty-two, relating to the state board of health (public water supply operators) with the modification of §11.02 as presented to the legislative rule-making review committee on the ninth day of November, one thousand nine hundred eighty-two, are authorized.

(d) The legislative rules filed in the state register on the twenty-second day of October, one thousand nine hundred eighty-two, relating to the state board of health (sewage systems) with the modification presented to the legislative rule-making review committee on the sixth day of December, one thousand nine hundred eighty-two, are authorized except lines ten through seventeen, page eight of the rules shall be stricken in their entirety and the remaining paragraphs renumbered.

(e) The legislative rules filed in the state register on the second day of June, one thousand nine hundred eighty-two, relating to the state board of health (approval of laboratories), are authorized.

(f) The legislative rules filed in the state register on the twenty-fourth day of November, one thousand nine hundred eighty-two, relating to the state board of health (permit fees), are authorized.

(g) The legislative rules filed in the state register on the third day of June, one thousand nine hundred eighty-two, relating to the state board of health (certificate of need), are authorized.

(h) The legislative rules filed in the state register on the sixteenth day of August, one thousand nine hundred eighty-two, relating to the state board of health (eyes of newborn children), are authorized.

(i) The legislative rules filed in the state register on the thirteenth day of August, one thousand nine hundred eighty-two, and filed with amendments on the eleventh day of January, one thousand nine hundred eighty-three, relating to the state board of health (nursing home licensure), are authorized with the amendment of §5.15.02 of those rules as set forth below:

By striking the word "and" at the end of subdivision (f), by changing the period at the end of subdivision (g) to a semicolon, and by adding the following after subdivision (g): "(h) One (1) member who represents social work services."

(j) The legislative rules filed in the state register on the twenty-fourth day of November, one thousand nine hundred eighty-two, relating to the state board of health (guardianship

service), are authorized with the exception of section 9.3 of those rules which may not be promulgated.

(k) The legislative rules filed in the state register on the third day of June, one thousand nine hundred eighty-two, relating to the state board of health (controlled substances research program and certification), are authorized.

(l) The legislative rules filed in the state register on the fifth day of November, one thousand nine hundred eighty-two, relating to the state board of health (chemical test for intoxication), are authorized.

(m) The legislative rules filed in the state register on the nineteenth day of December, one thousand nine hundred eighty-three, relating to the state board of health (birthing center licensure), are authorized.

(n) The legislative rules filed in the state register on the fourteenth day of November, one thousand nine hundred eighty-three, relating to the state board of health (licensure of behavioral health centers), are authorized with the amendment set forth below:

Page 45, §12.8.2. In the first sentence delete the words "without delay" and insert in lieu thereof the words "within twenty-four hours after receiving a report of a complaint."

(o) The legislative rules filed in the state register on the nineteenth day of December, one thousand nine hundred

eighty-three, relating to the state board of health (procedures for recovery of corneal tissue for transplant), are authorized.

(p) The legislative rules filed in the state register on the seventh day of September, one thousand nine hundred eighty-three, relating to the state board of health (well water regulations), are authorized with the amendments set forth below:

§4.1. In the first sentence delete the word "obtaining" and insert in lieu thereof the words "applying for". In the second sentence after "4.3" add "and 4.5."

§4.2. At the end of the second sentence, strike the period and add the words "unless emergency conditions prevail as noted under §4.3."

With the balance of §4.2 and create a new §4.3 with the following changes: In the first sentence delete the word "deadline" and insert in lieu thereof the word "requirements." Add after the first sentence the sentence, "Emergency conditions and unavoidable circumstances are those conditions involving acts of God, water outages or disruption of water service, unsatisfactory water quality or quantity or public health threats." In the third sentence delete the word "exceed" and insert in lieu thereof the words "be made in excess of."

Renumber §4.3 as §4.4 and add the following two sentences at the end of the section: "Such standards shall constitute the minimum standards for the installation, the alteration or the deepening of water wells. Any plans approved by the director

pursuant to these regulations shall be in substantial compliance with the heretofore mentioned standards."

Renumber §4.4 as §4.5, §4.5 as §4.6, §4.6 as §4.7, §4.7 as §4.8 and §4.8 as §4.9.

And,

§5.2. Delete the words "four (4)" and insert in lieu thereof the words "two (2)" and delete the words "active, continuous."

(q) The legislative rules filed in the state register on the third day of October, one thousand nine hundred eighty-four, relating to the state board of health (trauma center or facility designation), are authorized.

(r) The legislative rules filed in the state register on the twenty-first day of December, one thousand nine hundred eighty-four, relating to the state board of health (reportable diseases), are authorized.

(s) The legislative rules filed in the state register on the twenty-first day of December, one thousand nine hundred eighty-four, relating to the state board of health (licensure of medical adult day care centers), are authorized.

(t) The legislative rules filed in the state register on the third day of October, one thousand nine hundred eighty-four, relating to the state board of health (retail food store sanitation), are authorized.

(u) The legislative rules filed in the state register on the seventeenth day of December, one thousand nine hundred

eighty-five, modified by the director of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the fifteenth day of January, one thousand nine hundred eighty-six, relating to the director of health (adult group home licensure), are authorized.

(v) The legislative rules filed in the state register on the twenty-ninth day of October, one thousand nine hundred eighty-five, modified by the state board of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the twenty-seventh day of December, one thousand nine hundred eighty-five, relating to the state board of health (licensure of hospice care programs), are authorized.

(w) The legislative rules filed in the state register on the thirty-first day of October, one thousand nine hundred eighty-five, modified by the director of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the twenty-seventh day of December, one thousand nine hundred eighty-five, relating to the director of health (rules governing emergency medical services), are authorized with the amendments set forth below:

On page 3, §3.9 shall read as follows:

"3.9 Quorum -- When applied to the EMSAC, a majority of the members thereof, except in the instance when at any meeting of the EMSAC, where a quorum is not present and the director causes

to be deposited in the United States mail, postage prepaid, return receipt requested, to each member of the EMSAC within three days, a notice calling a meeting of the EMSAC at some convenient place in the state of West Virginia two weeks after the meeting at which no quorum was present. Quorum means any number of members of the EMSAC who attend such subsequent meeting. Any member missing two consecutive meetings shall be removed from the EMSAC."

On page 6, §4.7.1 shall be deleted in its entirety;

And,

On page 7, §4.10.1 shall read as follows:

"4.10.1 every applicant for certification as an EMSP prior to such certification, shall demonstrate his or her knowledge and ability by undergoing a written examination and a demonstration of skills, and by attaining a passing score on the same. Passing score shall be the same for all testing programs."

(x) The legislative rules filed in the state register on the fifth day of September, one thousand nine hundred eighty-five, relating to the state department of health (revising the list of hazardous substances), are authorized.

(y) The legislative rules filed in the state register on the thirteenth day of August, one thousand nine hundred eighty-six, modified by the director of the department of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the sixteenth day of October,

one thousand nine hundred eighty-six, relating to the director of the department of health (hazardous material treatment information repository), are authorized.

(z) The legislative rules filed in the state register on the seventeenth day of July, one thousand nine hundred eighty-six, modified by the state board of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the sixteenth day of October, one thousand nine hundred eighty-six, relating to the state board of health (methods and standards for chemical tests for intoxication), are authorized.

(aa) The legislative rules filed in the state register on the twenty-first day of November, one thousand nine hundred eighty-six, modified by the state board of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the twenty-third day of December, one thousand nine hundred eighty-six, relating to the state board of health (licensure of behavioral health centers), are authorized.

(bb) The legislative rules filed in the state register on the eighteenth day of April, one thousand nine hundred eighty-six, modified by the state board of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the seventeenth day of October, one thousand

nine hundred eighty-six, relating to the state board of health (hospital licensure), are authorized.

(cc) The legislative rules filed in the state register on the ninth day of December, one thousand nine hundred eighty-six, modified by the state board of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the twenty-third day of December, one thousand nine hundred eighty-six, relating to the state board of health (hospital licensure and allowing hospitals to have licensed hospital professionals, other than licensed physicians, on their medical staff), are authorized.

(dd) The legislative rules filed in the state register on the ninth day of December, one thousand nine hundred eighty-six, modified by the state board of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the twenty-third day of December, one thousand nine hundred eighty-six, relating to the state board of health (vital statistics), are authorized.

(ee) The legislative rules filed in the state register on the eleventh day of September, one thousand nine hundred eighty-seven, relating to the director of the department of health (immunization criteria for transfer students), are authorized.

(ff) The legislative rules filed in the state register on the sixteenth day of November, one thousand nine hundred

eighty-seven, relating to the director of the department of health (hazardous substances), are authorized with the amendment set forth below:

Page 33, section 8, line 8 (unnumbered), by adding at the end of section 8 the following proviso: **"Provided,** That the owner's or operator's submissions are based on the threshold reporting requirements contained in section 5, article 31, chapter 16."

(gg) The legislative rules filed in the state register on the eighteenth day of November, one thousand nine hundred eighty-seven, relating to the director of the department of health (trauma center or facility designation), are authorized.

(hh) The legislative rules filed in the state register on the twenty-second day of June, one thousand nine hundred eighty-eight, modified by the state board of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the fifteenth day of September, one thousand nine hundred eighty-eight, relating to the state board of health (licensure of hospice care programs), are authorized.

(ii) The legislative rules filed in the state register on the fifteenth day of September, one thousand nine hundred eighty-eight, modified by the state board of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the third day of November, one thousand nine hundred eighty-eight, relating to the state board

of health (water wells), are authorized with the amendment set forth below:

On page 2, §3.8, shall read as follows:

"3.8 Water Well -- Any excavation or penetration in the ground, whether drilled, bored, cored, driven or jetted that enters or passes through an aquifer for purposes that may include, but are not limited to: A water supply, exploration for water, dewatering or heat pump wells, except that this definition shall not include ground water monitoring activities and all activities for the exploration, development, production, storage and recovery of coal, oil and gas and other mineral resources which are regulated under chapter 22, 22a or 22b of the code."

(jj) The legislative rules filed in the state register on the twenty-second day of June, one thousand nine hundred eighty-eight, modified by the state board of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the fifteenth day of September, one thousand nine hundred eighty-eight, relating to the state board of health (plumbing requirements), are authorized.

(kk) The legislative rules filed in the state register on the twenty-second day of June, one thousand nine hundred eighty-eight, modified by the state board of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the fifteenth day of September,

one thousand nine hundred eighty-eight, relating to the state board of health (public water supply operators), are authorized.

(ll) The legislative rules filed in the state register on the nineteenth day of October, one thousand nine hundred eighty-eight, modified by the state board of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the twentieth day of December, one thousand nine hundred eighty-eight, relating to the state board of health (volatile synthetic organic chemicals), are authorized.

(mm) The legislative rules filed in the state register on the second day of January, one thousand nine hundred ninety, modified by the division of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the seventeenth day of January, one thousand nine hundred ninety, relating to the division of health (asbestos abatement licensing), are authorized.

(nn) The legislative rules filed in the state register on the thirtieth day of August, one thousand nine hundred eighty-nine, modified by the division of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the seventeenth day of November, one thousand nine hundred eighty-nine, relating to the division of public health (AIDS-related medical testing and confidentiality), are authorized.

(oo) The legislative rules filed in the state register on the nineteenth day of December, one thousand nine hundred eighty-nine, modified by the state board of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the twenty-fourth day of January, one thousand nine hundred ninety, relating to the state board of health (nursing home licensure), are authorized.

(pp) The legislative rules filed in the state register on the nineteenth day of December, one thousand nine hundred eighty-nine, relating to the state board of health (licensure of behavioral health centers), are authorized.

(qq) The legislative rules filed in the state register on the twenty-eighth day of December, one thousand nine hundred eighty-nine, relating to the state board of health (methods and standards for chemical test for intoxication), are authorized.

(rr) The legislative rules filed in the state register on the twenty-third day of July, one thousand nine hundred ninety, modified by the board of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the fifth day of September, one thousand nine hundred ninety, relating to the board of health (fees for permits), are authorized with the amendments set forth below:

On page two, subsection 3.6, by striking out all of the subsection and renumbering the subsequent subsections.

On page four, subsection 5.4, by striking out all of the subsection and renumbering the subsequent subsections.

And,

On page six, Table 64-30c, by striking out Table 64-30c and inserting in lieu thereof a new table, to read as follows:

TABLE 64-30C.

Individual On-Site and Innovative Alternative Type Sewage System Permit Fees

Type of System	Fees for Permit
Class I (New or Modified)	$100
Class II (New or Modified)	$100
Home Aeration Unit	$100

(ss) The legislative rules filed in the state register on the seventh day of December, one thousand nine hundred ninety, modified by the board of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the twenty-second day of January, one thousand nine hundred ninety-one, relating to the board of health (public water systems, bottled water and laboratory certification), are authorized.

(tt) The legislative rules filed in the state register on the thirteenth day of December, one thousand nine hundred ninety, modified by the board of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the twenty-second day of January, one thousand nine hundred ninety-one, relating to the board of health (vital statistics), are authorized.

(uu) The legislative rules filed in the state register on the seventh day of January, one thousand nine hundred ninety-one, modified by the division of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the twenty-second day of January, one thousand nine hundred ninety-one, relating to the division of health (fees for services), are authorized.

(vv) The legislative rules filed in the state register on the twenty-eighth day of December, one thousand nine hundred ninety, modified by the division of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the twenty-sixth day of July, one thousand nine hundred ninety-one, relating to the division of health (specialized health procedures), are authorized.

(ww) The legislative rules filed in the state register on the second day of January, one thousand nine hundred ninety-one, modified by the division of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the sixteenth day of May, one thousand nine hundred ninety-one, relating to the division of health (emergency medical services), are authorized.

(xx) The legislative rules filed in the state register on the tenth day of September, one thousand nine hundred ninety-one, modified by the secretary of the department of health and human resources to meet the objections of the legislative rule-making

review committee and refiled in the state register on the third day of January, one thousand nine hundred ninety-two, relating to the secretary of the department of health and human resources (retail food store sanitation), are authorized.

(yy) The Legislature hereby authorizes and directs the division of health to promulgate the legislative rule relating to swimming pools and bathing beaches, 64 CSR 16, effective the fifth day of May, one thousand nine hundred eighty, with the amendment set forth below:

On page five, section 11.3 by striking out the period following the word "beach" and adding the following: **"Provided,** That at hotels, motels, apartment complexes, or condominiums which have swimming pools of five feet or less in depth at the deepest point, employment of lifeguards is recommended but not mandatory, whether or not the establishment charges an admission fee (gate receipt, annual pass or membership dues). If no lifeguards are employed, the management shall post a sign in a prominent location near the swimming pool stating "SWIM AT YOUR OWN RISK - ALL PERSONS UNDER THE AGE OF 14 MUST BE ACCOMPANIED BY AN ADULT."

(zz) The legislative rules filed in the state register on the sixteenth day of September, one thousand nine hundred ninety-two, modified by the division of health to meet the objections of the legislative rule-making review committee and refiled in the state register on the seventeenth day of November, one thousand nine

hundred ninety-two, relating to the division of health (trauma center or facility designation), are authorized.

NOTE: The purpose of this bill is to authorize the Division of Health to promulgate legislative rules relating to trauma center or facility designation.

Strike-throughs indicate language that would be stricken from the present law, and underscoring indicates new language that would be added.

KEN HECHLER
Secretary of State

MARY P. RATLIFF
Deputy Secretary of State

A. RENEE COE
Deputy Secretary of State

CATHERINE FREROTTE
Executive Assistant

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STATE OF WEST VIRGINIA
SECRETARY OF STATE

Building 1, Suite 157-K
1900 Kanawha Blvd., East
Charleston, WV 25305-0770

TO: Kay Howard

AGENCY: Health

FROM: JUDY COOPER, DIRECTOR, ADMINISTRATIVE LAW DIVISION

DATE: January 11, 1994

THE ATTACHED RULE FILED BY YOUR AGENCY HAS BEEN ENTERED INTO OUR COMPUTER SYSTEM. PLEASE REVIEW, PROOF AND RETURN IT WITH ANY CORRECTIONS. IF THERE ARE NO CORRECTIONS, PLEASE SIGN THIS MEMO AND RETURN IT TO THIS OFFICE. YOU WILL BE SENT A FINAL VERSION OF THE RULE FOR YOUR RECORDS.

PLEASE RETURN EITHER THE CORRECTED RULE OR THIS FORM WITHIN TEN (10) WORKING DAYS OF THE DATE YOU RECEIVED THIS REQUEST. CALL IF YOU HAVE ANY QUESTIONS.

SERIES: 27 TITLE: 64 Health

* THE ATTACHED RULE HAS BEEN REVIEWED AND IS CORRECT.

SIGNED: _____

TITLE OF PERSON SIGNING: _____

DATE: _____

****

* THE ATTACHED RULE HAS BEEN REVIEWED AND NEEDS CORRECTING. THE CORRECTIONS HAVE BEEN MARKED.

SIGNED: Kay Howard

TITLE OF PERSON SIGNING: Director, Regulatory Development

DATE: 5/3/94

NOTE: IF YOU ARE NOT THE PERSON WHO HANDLES THIS RULE, PLEASE FORWARD TO THE CORRECT PERSON.