

Chapter 72.23 RCW
PUBLIC AND PRIVATE FACILITIES FOR MENTALLY ILL

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RCW 72.23.010 Definitions. The definitions in this section apply throughout this chapter, unless the context clearly requires otherwise.

(1) "Court" means the superior court of the state of Washington.

(2) "Department" means the department of social and health services.

(3) "Employee" means an employee as defined in RCW 49.17.020.

(4) "Licensed physician" means an individual permitted to practice as a physician under the laws of the state, or a medical officer, similarly qualified, of the government of the United States while in this state in performance of his or her official duties.

(5) "Mentally ill person" means any person who, pursuant to the definitions contained in RCW 71.05.020, as a result of a mental disorder presents a likelihood of serious harm to others or himself or herself or is gravely disabled.

(6) "Patient" means a person under observation, care, or treatment in a state hospital, or a person found mentally ill by the court, and not discharged from a state hospital, or other facility, to which such person had been ordered hospitalized.

(7) "Resident" means a resident of the state of Washington.

(8) "Secretary" means the secretary of social and health services.

(9) "State hospital" means a hospital designated under RCW 72.23.020.

(10) "Superintendent" means the superintendent of a state hospital.

(11) "Violence" or "violent act" means any physical assault or attempted physical assault against an employee or patient of a state hospital.

Wherever used in this chapter, the masculine shall include the feminine and the singular shall include the plural. [2025 c 226 s 8; 2000 c 22 s 2; 1981 c 136 s 99; 1974 ex.s. c 145 s 2; 1973 1st ex.s. c

142 s 3; 1959 c 28 s 72.23.010. Prior: 1951 c 139 s 2. Formerly RCW 71.02.010.]

Effective date—2025 c 226: See note following RCW 71.05.020.

Findings—2000 c 22: See note following RCW 72.23.400.

Effective date—1981 c 136: See RCW 72.09.900.

RCW 72.23.020 State hospitals designated. There are hereby permanently located and established the following state hospitals: Western state hospital at Fort Steilacoom, Pierce county; eastern state hospital at Medical Lake, Spokane county; and the child study and treatment center at Fort Steilacoom, Pierce county. [2025 c 226 s 9; 1959 c 28 s 72.23.020. Prior: 1951 c 139 s 6. Formerly RCW 71.02.440.]

Effective date—2025 c 226: See note following RCW 71.05.020.

RCW 72.23.025 Eastern and western state hospitals—Primary diagnosis of mental disorder—Duties—Institutes for the study and treatment of mental disorders established. (1) It is the intent of the legislature to improve the quality of service at state hospitals, eliminate overcrowding, and more specifically define the role of the state hospitals. The legislature intends that eastern and western state hospitals shall become clinical centers for handling the most complicated long-term care needs of patients with a primary diagnosis of mental disorder. To this end, the legislature intends that funds appropriated for mental health programs, including funds for behavioral health administrative services organizations, managed care organizations contracted with the health care authority, and the state hospitals, be used for persons with primary diagnosis of mental disorder. The legislature finds that establishment of institutes for the study and treatment of mental disorders at both eastern state hospital and western state hospital will be instrumental in implementing the legislative intent.

(2) (a) There is established at eastern state hospital and western state hospital, institutes for the study and treatment of mental disorders. The institutes shall be operated by joint operating agreements between state colleges and universities and the department of social and health services. The institutes are intended to conduct training, research, and clinical program development activities that will directly benefit persons with mental illness who are receiving treatment in Washington state by performing the following activities:

(i) Promote recruitment and retention of highly qualified professionals at the state hospitals and community mental health programs;

(ii) Improve clinical care by exploring new, innovative, and scientifically based treatment models for persons presenting particularly difficult and complicated clinical syndromes;

(iii) Provide expanded training opportunities for existing staff at the state hospitals and community mental health programs;

(iv) Promote bilateral understanding of treatment orientation, possibilities, and challenges between state hospital professionals and community mental health professionals.

(b) To accomplish these purposes the institutes may, within funds appropriated for this purpose:

(i) Enter joint operating agreements with state universities or other institutions of higher education to accomplish the placement and training of students and faculty in psychiatry, psychology, social work, occupational therapy, nursing, and other relevant professions at the state hospitals and community mental health programs;

(ii) Design and implement clinical research projects to improve the quality and effectiveness of state hospital services and operations;

(iii) Enter into agreements with community mental health service providers to accomplish the exchange of professional staff between the state hospitals and community mental health service providers;

(iv) Establish a student loan forgiveness and conditional scholarship program to retain qualified professionals at the state hospitals and community mental health providers when the secretary has determined a shortage of such professionals exists.

(c) Notwithstanding any other provisions of law to the contrary, the institutes may enter into agreements with the department or the state hospitals which may involve changes in staffing necessary to implement improved patient care programs contemplated by this section.

(d) The institutes are authorized to seek and accept public or private gifts, grants, contracts, or donations to accomplish their purposes under this section. [2019 c 325 s 5028; 2014 c 225 s 98; 2011 1st sp.s. c 21 s 1; 2006 c 333 s 204; 1998 c 245 s 141; 1992 c 230 s 1; 1989 c 205 s 21.]

Effective date—2019 c 325: See note following RCW 71.24.011.

Effective date—2014 c 225: See note following RCW 71.24.016.

Effective date—2011 1st sp.s. c 21: "Except for sections 53 and 60 of this act, this act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect July 1, 2011." [2011 1st sp.s. c 21 s 64.]

Finding—Purpose—Intent—Severability—Part headings not law—Effective dates—2006 c 333: See notes following RCW 71.24.016.

Intent—1992 c 230: "It is the intent of this act to:

(1) Focus, restate, and emphasize the legislature's commitment to the mental health reform embodied in chapter 111 [205], Laws of 1989 (SB 5400);

(2) Eliminate, or schedule for repeal, statutes that are no longer relevant to the regulation of the state's mental health program; and

(3) Reaffirm the state's commitment to provide incentives that reduce reliance on inappropriate state hospital or other inpatient care." [1992 c 230 s 3.]

Evaluation of transition to regional systems—1989 c 205: See note following RCW 71.24.015.

RCW 72.23.027 Integrated service delivery—Incentives to discourage inappropriate placement—Specialized care programs. The secretary shall develop a system of more integrated service delivery, including incentives to discourage the inappropriate placement of persons with developmental disabilities, head injury, and substance abuse, at state mental hospitals and encourage their care in community settings. By December 1, 1992, the department shall submit an implementation strategy, including budget proposals, to the appropriate committees of the legislature for this system.

Under the system, state, local, or community agencies may be given financial or other incentives to develop appropriate crisis intervention and community care arrangements.

The secretary may establish specialized care programs for persons described in this section on the grounds of the state hospitals. Such programs may operate according to professional standards that do not conform to existing federal or private hospital accreditation standards. [1992 c 230 s 2.]

Intent—1992 c 230: See note following RCW 72.23.025.

RCW 72.23.030 Superintendent—Powers—Direction of clinical care, exception. The superintendent of a state hospital subject to rules of the department, shall have control of the internal government and economy of a state hospital and shall appoint and direct all subordinate officers and employees. If the superintendent is not a psychiatrist, clinical care shall be under the direction of a qualified psychiatrist. [1983 1st ex.s. c 41 s 28; 1969 c 56 s 2; 1959 c 28 s 72.23.030. Prior: 1951 c 139 s 7. Formerly RCW 71.02.510.]

Severability—1983 1st ex.s. c 41: See note following RCW 26.09.060.

Appointment of chief executive officers: RCW 72.01.060.

RCW 72.23.035 Background checks of prospective employees. In consultation with law enforcement personnel, the secretary shall have the power and duty to investigate the conviction record and the protection proceeding record information under chapter 43.43 RCW of each prospective employee of a state hospital. [1989 c 334 s 12.]

RCW 72.23.040 Seal of hospital. The superintendent shall provide an official seal upon which shall be inscribed the statutory name of the hospital under his or her charge and the name of the state. He or she shall affix the seal of the hospital to any notice, order of discharge, or other paper required to be given by him or her or issued. [2012 c 117 s 463; 1959 c 28 s 72.23.040. Prior: 1951 c 139 s 8. Formerly RCW 71.02.540.]

RCW 72.23.050 Superintendent as witness—Exemptions from military duty. The superintendent shall not be required to attend any court as a witness in a civil or juvenile court proceedings, but parties desiring his or her testimony can take and use his or her

deposition; nor shall he or she be required to attend as a witness in any criminal case, unless the court before which his or her testimony shall be desired shall, upon being satisfied of the materiality of his or her testimony require his or her attendance; and, in time of peace, he, she, and all other persons employed at the hospital shall be exempt from performing military duty; and the certificate of the superintendent shall be evidence of such employment. [2012 c 117 s 464; 1979 ex.s. c 135 s 5; 1959 c 28 s 72.23.050. Prior: 1951 c 139 s 9. Formerly RCW 71.02.520.]

Severability—1979 ex.s. c 135: See note following RCW 2.36.080.

RCW 72.23.060 Gifts—Record—Use. The superintendent is authorized to accept and receive from any person or organization gifts of money or personal property on behalf of the state hospital under his or her charge, or on behalf of the patients therein. The superintendent is authorized to use such money or personal property for the purposes specified by the donor where such purpose is consistent with law. In the absence of a specified use the superintendent may use such money or personal property for the benefit of the state hospital under his or her charge or for the general benefit of the patients therein. The superintendent shall keep an accurate record of the amount or kind of gift, the date received, and the name and address of the donor. The superintendent may deposit any money received as he or she sees fit upon the giving of adequate security. Any increase resulting from such gift may be used for the same purpose as the original gift. Gratuities received for services rendered by a state hospital staff in their official capacity shall be used for the purposes specified in this section. [2012 c 117 s 465; 1959 c 28 s 72.23.060. Prior: 1951 c 139 s 10. Formerly RCW 71.02.600.]

RCW 72.23.080 Voluntary patients—Legal competency—Record. Any person received and detained in a state hospital under chapter 71.34 RCW is deemed a voluntary patient and, except as chapter 9.41 RCW may limit the right of a person to purchase or possess a firearm or to qualify for a concealed pistol license, shall not suffer a loss of legal competency by reason of his or her application and admission. Upon the admission of a voluntary patient to a state hospital the superintendent shall immediately forward to the department the record of such patient showing the name, address, sex, date of birth, place of birth, occupation, social security number, date of admission, name of nearest relative, and such other information as the department may from time to time require. [1994 sp.s. c 7 s 442; 1959 c 28 s 72.23.080. Prior: 1951 c 139 s 12; 1949 c 198 s 19, part; Rem. Supp. 1949 s 6953-19, part. Formerly RCW 71.02.040.]

Finding—Intent—Severability—1994 sp.s. c 7: See notes following RCW 43.70.540.

Effective date—1994 sp.s. c 7 ss 401-410, 413-416, 418-437, and 439-460: See note following RCW 9.41.010.

RCW 72.23.100 Voluntary patients—Policy—Duration. It shall be the policy of the department to permit liberal use of the foregoing sections for the admission of those cases that can be benefited by treatment and returned to normal life and mental condition, in the opinion of the superintendent, within a period of six months. No person shall be carried as a voluntary patient for a period of more than one year. [1973 1st ex.s. c 142 s 5; 1959 c 28 s 72.23.100. Prior: 1951 c 139 s 14; 1949 c 198 s 19, part; Rem. Supp. 1949 s 6953-19, part. Formerly RCW 71.02.060.]

RCW 72.23.110 Voluntary patients—Limitation as to number. If it becomes necessary because of inadequate facilities or staff, the department may limit applicants for voluntary admission in accordance with such rules and regulations as it may establish. The department may refuse all applicants for voluntary admission where lack of adequate facilities or staff make such action necessary. [1959 c 28 s 72.23.110. Prior: 1951 c 139 s 15. Formerly RCW 71.02.070.]

RCW 72.23.120 Voluntary patients—Charges for hospitalization. Payment of hospitalization charges shall not be a necessary requirement for voluntary admission: PROVIDED, HOWEVER, The department may request payment of hospitalization charges, or any portion thereof, from the patient or relatives of the patient within the following classifications: Spouse, parents, or children. Where the patient or relatives within the above classifications refuse to make the payments requested, the department shall have the right to discharge such patient or initiate proceedings for involuntary hospitalization. The maximum charge shall be the same for voluntary and involuntary hospitalization. [1959 c 28 s 72.23.120. Prior: 1951 c 139 s 16. Formerly RCW 71.02.080.]

RCW 72.23.125 Temporary residential observation and evaluation of persons requesting treatment. The department is directed to establish at each state hospital a procedure, including the necessary resources, to provide temporary residential observation and evaluation of persons who request treatment, unless admitted under *RCW 72.23.070. Temporary residential observation and evaluation under this section shall be for a period of not less than twenty-four hours nor more than forty-eight hours and may be provided informally without complying with the admission procedure set forth in *RCW 72.23.070 or the rules and regulations established thereunder.

It is the intent of the legislature that temporary observation and evaluation as described in this section be provided in all cases except where an alternative such as: (1) Delivery to treatment outside the hospital, or (2) no need for treatment is clearly indicated. [1979 ex.s. c 215 s 18.]

***Reviser's note:** RCW 72.23.070 was repealed by 1985 c 354 s 34, effective January 1, 1986. Later enactment, see chapter 71.34 RCW.

RCW 72.23.130 History of patient. It shall be the duty of the superintendent to ascertain by diligent inquiry and correspondence, the history of each and every patient admitted to his or her hospital.

[2012 c 117 s 466; 1959 c 28 s 72.23.130. Prior: 1951 c 139 s 40. Formerly RCW 71.02.530.]

RCW 72.23.160 Escape—Apprehension and return. If a patient shall escape from a state hospital the superintendent shall cause immediate search to be made for him or her and return him or her to said hospital wherever found. Notice of such escape shall be given to the committing court who may issue an order of apprehension and return directed to any peace officer within the state. Notice may be given to any sheriff or peace officer, who, when requested by the superintendent, may apprehend and detain such escapee or return him or her to the state hospital without warrant. [2012 c 117 s 467; 1959 c 28 s 72.23.160. Prior: 1951 c 139 s 43. Formerly RCW 71.02.630.]

RCW 72.23.170 Escape of patient—Penalty for assisting. Any person who procures the escape of any patient of any state hospital for the mentally ill, or institutions for psychopaths to which such patient has been lawfully committed, or who advises, connives at, aids, or assists in such escape or conceals any such escape, is guilty of a class C felony and shall be punished by imprisonment in a state correctional institution for a term of not more than five years or by a fine of not more than five hundred dollars or by both imprisonment and fine. [2003 c 53 s 364; 1959 c 28 s 72.23.170. Prior: 1957 c 225 s 1, part; 1949 c 198 s 20, part; Rem. Supp. 1949 s 6953-20, part. Formerly RCW 71.12.620, part.]

Intent—Effective date—2003 c 53: See notes following RCW 2.48.180.

RCW 72.23.175 Identocard—Release. (1) The following entities must each ensure that every consenting patient possesses a valid identocard, issued by the department of licensing under chapter 46.20 RCW, prior to the individual's release from care in the applicable facility:

- (a) State hospitals licensed under chapter 72.23 RCW;
- (b) The special commitment center and secure community transition facilities licensed under RCW 71.09.250 and 71.09.290; or
- (c) Residential treatment facilities that provide mental health services operated by the department of social and health services.

(2) The facilities listed in subsection (1) of this section must:

- (a) Pay any applicable application fee required for obtaining the identocard;

- (b) Provide a photo of the patient for use on the identocard under RCW 46.20.035(1); and

- (c) Obtain a signature or mark from the patient that is acceptable to the department of licensing to use for an identocard.

(3) Issuance of an identocard under this section must not cause a delay in the release of an individual.

(4) The facilities in subsection (1) of this section must each provide a patient identification verification document for any patient in the custody of the facility, which must include the individual's legal first and last name, facility medical identification number,

photo, patient or authorized representative signature or mark, and signature of social work supervisor or manager. [2024 c 315 s 7.]

Effective date—2024 c 315: See note following RCW 72.09.270.

RCW 72.23.180 Discharge, parole, death, escape—Notice—Certificate of discharge. Whenever a patient dies, escapes, or is paroled or discharged from a state hospital, the superintendent shall immediately notify the clerk of the court which ordered such patient's hospitalization. A copy of such notice shall be given to the next of kin or next friend of such patient if their names or addresses are known or can, with reasonable diligence, be ascertained. Whenever a patient is discharged the superintendent shall issue such patient a certificate of discharge. Such notice or certificate shall give the date of parole, discharge, or death of said patient, and shall state the reasons for parole or discharge, or the cause of death, and shall be signed by the superintendent. [1959 c 28 s 72.23.180. Prior: 1951 c 139 s 44. Formerly RCW 71.02.640.]

Disposition of property of deceased inmate of state institution: RCW 11.08.101, 11.08.111, 11.08.120.

RCW 72.23.190 Death—Report to coroner. In the event of the sudden or mysterious death of any patient at a state hospital, not on parole or escape therefrom, such fact shall be reported by the superintendent thereof to the coroner of the county in which the death occurs. [1959 c 28 s 72.23.190. Prior: 1951 c 139 s 45. Formerly RCW 71.02.660.]

RCW 72.23.200 Persons under eighteen—Confinement in adult wards. No mentally ill person under the age of sixteen years shall be regularly confined in any ward in any state hospital which ward is designed and operated for the care of the mentally ill eighteen years of age or over. No person of the ages of sixteen and seventeen shall be placed in any such ward, when in the opinion of the superintendent such placement would be detrimental to the mental condition of such a person or would impede his or her recovery or treatment. [2012 c 117 s 468; 1971 ex.s. c 292 s 52; 1959 c 28 s 72.23.200. Prior: 1951 c 139 s 46; 1949 c 198 s 17; Rem. Supp. 1949 s 6953-17. Formerly RCW 71.02.550.]

Severability—1971 ex.s. c 292: See note following RCW 26.28.010.

RCW 72.23.210 Persons under eighteen—Special wards and attendants. The department may designate one or more wards at one or more state hospitals as may be deemed necessary for the sole care and treatment of persons under eighteen years of age admitted thereto. Nurses and attendants for such ward or wards shall be selected for their special aptitude and sympathy with such young people, and occupational therapy and recreation shall be provided as may be deemed necessary for their particular age requirements and mental improvement. [1971 ex.s. c 292 s 53; 1959 c 28 s 72.23.210. Prior:

1951 c 139 s 47; 1949 c 198 s 18; Rem. Supp. 1949 s 6953-18. Formerly RCW 71.02.560.]

Severability—1971 ex.s. c 292: See note following RCW 26.28.010.

RCW 72.23.230 Patient's property—Superintendent as custodian—Management and accounting. The superintendent of a state hospital shall be the custodian without compensation of such personal property of a patient involuntarily hospitalized therein as may come into the superintendent's possession while the patient is under the jurisdiction of the hospital. As such custodian, the superintendent shall have authority to disburse moneys from the patients' funds for the following purposes only and subject to the following limitations:

(1) The superintendent may disburse any of the funds in his or her possession belonging to a patient for such personal needs of that patient as may be deemed necessary by the superintendent; and

(2) Whenever the funds belonging to any one patient exceed the sum of one thousand dollars or a greater sum as established by rules and regulations of the department, the superintendent may apply the excess to reimbursement for state hospitalization and/or outpatient charges of such patient to the extent of a notice and finding of responsibility issued under RCW 43.20B.340; and

(3) When a patient is paroled, the superintendent shall deliver unto the said patient all or such portion of the funds or other property belonging to the patient as the superintendent may deem necessary and proper in the interests of the patient's welfare, and the superintendent may during the parole period deliver to the patient such additional property or funds belonging to the patient as the superintendent may from time to time determine necessary and proper. When a patient is discharged from the jurisdiction of the hospital, the superintendent shall deliver to such patient all funds or other property belonging to the patient, subject to the conditions of subsection (2) of this section.

All funds held by the superintendent as custodian may be deposited in a single fund. Annual reports of receipts and expenditures shall be forwarded to the department, and shall be open to inspection by interested parties: PROVIDED, That all interest accruing from, or as a result of the deposit of such moneys in a single fund shall be used by the superintendent for the general welfare of all the patients of such institution: PROVIDED, FURTHER, That when the personal accounts of patients exceed three hundred dollars, the interest accruing from such excess shall be credited to the personal accounts of such patients. All such expenditures shall be accounted for by the superintendent.

The appointment of a guardian for the estate of such patient shall terminate the superintendent's authority to pay state hospitalization charges from funds subject to the control of the guardianship upon the superintendent's receipt of a certified copy of letters of guardianship. Upon the guardian's request, the superintendent shall forward to such guardian any funds subject to the control of the guardianship or other property of the patient remaining in the superintendent's possession, together with a final accounting of receipts and expenditures. [2012 c 117 s 469; 1987 c 75 s 21; 1985 c 245 s 4; 1971 c 82 s 1; 1959 c 60 s 1; 1959 c 28 s 72.23.230. Prior: 1953 c 217 s 2; 1951 c 139 s 49. Formerly RCW 71.02.570.]

Savings—1987 c 75: See RCW 43.20B.900.

RCW 72.23.240 Patient's property—Delivery to superintendent as acquittance—Defense, indemnity. Upon receipt of a written request signed by the superintendent stating that a designated patient of such hospital is involuntarily hospitalized therein, and that no guardian of his or her estate has been appointed, any person, bank, firm, or corporation having possession of any money, bank accounts, or choses in action owned by such patient, may, if the balance due does not exceed one thousand dollars, deliver the same to the superintendent and mail written notice thereof to such patient at such hospital. The receipt of the superintendent shall be full and complete acquittance for such payment and the person, bank, firm, or corporation making such payment shall not be liable to the patient or his or her legal representatives. All funds so received by the superintendent shall be deposited in such patient's personal account at such hospital and be administered in accordance with this chapter.

If any proceeding is brought in any court to recover property so delivered, the attorney general shall defend the same without cost to the person, bank, firm, or corporation effecting such delivery, and the state shall indemnify such person, bank, firm, or corporation against any judgment rendered as a result of such proceeding. [2012 c 117 s 470; 1959 c 28 s 72.23.240. Prior: 1953 c 217 s 1. Formerly RCW 71.02.575.]

RCW 72.23.250 Funds donated to patients. The superintendent shall also have authority to receive funds for the benefit of individual patients and may disburse such funds according to the instructions of the donor of such funds. [1959 c 28 s 72.23.250. Prior: 1951 c 139 s 50. Formerly RCW 71.02.580.]

RCW 72.23.260 Federal patients—Agreements authorized. The department shall have the power, in the name of the state, to enter into contracts with any duly authorized representative of the United States government, providing for the admission to, and the separate or joint observation, maintenance, care, treatment and custody in, state hospitals of persons entitled to or requiring the same, at the expense of the United States, and contracts providing for the separate or joint maintenance, care, treatment or custody of such persons hospitalized in the manner provided by law, and to perform such contracts, which contracts shall provide that all payments due the state of Washington from the United States for services rendered under said contracts shall be paid to the department. [1959 c 28 s 72.23.260. Prior: 1951 c 139 s 65. Formerly RCW 71.02.460.]

RCW 72.23.280 Nonresidents—Hospitalization. Nonresidents of this state conveyed or coming herein while mentally ill shall not be hospitalized in a state hospital, but this prohibition shall not prevent the hospitalization and temporary care in said hospitals of such persons stricken with mental illness while traveling or temporarily sojourning in this state, or sailors attacked with mental illness upon the high seas and first arriving thereafter in some port

within this state. [1959 c 28 s 72.23.280. Prior: 1951 c 139 s 67. Formerly RCW 71.02.470.]

RCW 72.23.290 Transfer of patients—Authority of transferee.

Whenever it appears to be to the best interests of the patients concerned, the department shall have the authority to transfer such patients among the various state hospitals pursuant to rules and regulations established by said department. The superintendent of a state hospital shall also have authority to transfer patients eligible for treatment to the veterans administration or other United States government agency where such transfer is satisfactory to such agency. Such agency shall possess the same authority over such patients as the superintendent would have possessed had the patient remained in a state hospital. [1959 c 28 s 72.23.290. Prior: 1951 c 139 s 68. Formerly RCW 71.02.480.]

Commitment to veterans' administration or other federal agency: RCW 73.36.165.

RCW 72.23.300 Bringing narcotics, intoxicating liquors, weapons, etc., into institution or its grounds prohibited—Penalty. Any person not authorized by law so to do, who brings into any state institution for the care and treatment of mental illness or within the grounds thereof, any opium, morphine, cocaine or other narcotic, or any intoxicating liquor of any kind whatever, except for medicinal or mechanical purposes, or any firearms, weapons, or explosives of any kind is guilty of a class B felony punishable according to chapter 9A.20 RCW. [2003 c 53 s 365; 1959 c 28 s 72.23.300. Prior: 1949 c 198 s 52; Rem. Supp. 1949 s 6932-52. Formerly RCW 71.12.630.]

Intent—Effective date—2003 c 53: See notes following RCW 2.48.180.

Uniform controlled substances act: Chapter 69.50 RCW.

RCW 72.23.390 Safe patient handling. (1) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.

(a) "Lift team" means hospital employees specially trained to conduct patient lifts, transfers, and repositioning using lifting equipment when appropriate.

(b) "Safe patient handling" means the use of engineering controls, lifting and transfer aids, or assistive devices, by lift teams or other staff, instead of manual lifting to perform the acts of lifting, transferring, and repositioning health care patients and residents.

(c) "Musculoskeletal disorders" means conditions that involve the nerves, tendons, muscles, and supporting structures of the body.

(2) By February 1, 2007, each hospital must establish a safe patient handling committee either by creating a new committee or assigning the functions of a safe patient handling committee to an existing committee. The purpose of the committee is to design and recommend the process for implementing a safe patient handling

program. At least half of the members of the safe patient handling committee shall be frontline nonmanagerial employees who provide direct care to patients unless doing so will adversely affect patient care.

(3) By December 1, 2007, each hospital must establish a safe patient handling program. As part of this program, a hospital must:

(a) Implement a safe patient handling policy for all shifts and units of the hospital. Implementation of the safe patient handling policy may be phased-in with the acquisition of equipment under subsection (4) of this section;

(b) Conduct a patient handling hazard assessment. This assessment should consider such variables as patient-handling tasks, types of nursing units, patient populations, and the physical environment of patient care areas;

(c) Develop a process to identify the appropriate use of the safe patient handling policy based on the patient's physical and medical condition and the availability of lifting equipment or lift teams;

(d) Conduct an annual performance evaluation of the program to determine its effectiveness, with the results of the evaluation reported to the safe patient handling committee. The evaluation shall determine the extent to which implementation of the program has resulted in a reduction in musculoskeletal disorder claims and days of lost work attributable to musculoskeletal disorder caused by patient handling, and include recommendations to increase the program's effectiveness; and

(e) When developing architectural plans for constructing or remodeling a hospital or a unit of a hospital in which patient handling and movement occurs, consider the feasibility of incorporating patient handling equipment or the physical space and construction design needed to incorporate that equipment at a later date.

(4) By January 30, 2010, hospitals must complete acquisition of their choice of: (a) One readily available lift per acute care unit on the same floor, unless the safe patient handling committee determines a lift is unnecessary in the unit; (b) one lift for every ten acute care available inpatient beds; or (c) equipment for use by lift teams. Hospitals must train staff on policies, equipment, and devices at least annually.

(5) Nothing in this section precludes lift team members from performing other duties as assigned during their shift.

(6) A hospital shall develop procedures for hospital employees to refuse to perform or be involved in patient handling or movement that the hospital employee believes in good faith will expose a patient or a hospital employee to an unacceptable risk of injury. A hospital employee who in good faith follows the procedure developed by the hospital in accordance with this subsection shall not be the subject of disciplinary action by the hospital for the refusal to perform or be involved in the patient handling or movement. [2006 c 165 s 3.]

Findings—2006 c 165: See note following RCW 70.41.390.

RCW 72.23.400 Workplace safety plan. (1) By November 1, 2000, each state hospital shall develop a plan, for implementation by January 1, 2001, to reasonably prevent and protect employees from violence at the state hospital. The plan shall be developed with input

from the state hospital's safety committee, which includes representation from management, unions, nursing, psychiatry, and key function staff as appropriate. The plan shall address security considerations related to the following items, as appropriate to the particular state hospital, based upon the hazards identified in the assessment required under subsection (2) of this section:

- (a) The physical attributes of the state hospital including access control, egress control, door locks, lighting, and alarm systems;
- (b) Staffing, including security staffing;
- (c) Personnel policies;
- (d) First aid and emergency procedures;
- (e) Reporting violent acts, taking appropriate action in response to violent acts, and follow-up procedures after violent acts;
- (f) Development of criteria for determining and reporting verbal threats;
- (g) Employee education and training; and
- (h) Clinical and patient policies and procedures including those related to smoking; activity, leisure, and therapeutic programs; communication between shifts; and restraint and seclusion.

(2) Before the development of the plan required under subsection (1) of this section, each state hospital shall conduct a security and safety assessment to identify existing or potential hazards for violence and determine the appropriate preventive action to be taken. The assessment shall include, but is not limited to analysis of data on violence and worker's compensation claims during at least the preceding year, input from staff and patients such as surveys, and information relevant to subsection (1)(a) through (h) of this section.

(3) In developing the plan required by subsection (1) of this section, the state hospital may consider any guidelines on violence in the workplace or in the state hospital issued by the department of health, the department of social and health services, the department of labor and industries, the federal occupational safety and health administration, medicare, and state hospital accrediting organizations.

(4) The plan must be evaluated, reviewed, and amended as necessary, at least annually. [2000 c 22 s 3.]

Findings—2000 c 22: "The legislature finds that:

(1) Workplace safety is of paramount importance in state hospitals for patients and the staff that treat them;

(2) Based on an analysis of workers' compensation claims, the department of labor and industries reports that state hospital employees face high rates of workplace violence in Washington state;

(3) State hospital violence is often related to the nature of the patients served, people who are both mentally ill and too dangerous for treatment in their home community, and people whose behavior is driven by elements of mental illness including desperation, confusion, delusion, or hallucination;

(4) Patients and employees should be assured a reasonably safe and secure environment in state hospitals;

(5) The state hospitals have undertaken efforts to assure that patients and employees are safe from violence, but additional personnel training and appropriate safeguards may be needed to prevent workplace violence and minimize the risk and dangers affecting people in state hospitals; and

(6) Duplication and redundancy should be avoided so as to maximize resources available for patient care." [2000 c 22 s 1.]

RCW 72.23.410 Violence prevention training. By July 1, 2001, and at least annually thereafter, as set forth in the plan developed under RCW 72.23.400, each state hospital shall provide violence prevention training to all its affected employees as determined by the plan. Initial training shall occur prior to assignment to a patient unit, and in addition to his or her ongoing training as determined by the plan. The training may vary by the plan and may include, but is not limited to, classes, videotapes, brochures, verbal training, or other verbal or written training that is determined to be appropriate under the plan. The training shall address the following topics, as appropriate to the particular setting and to the duties and responsibilities of the particular employee being trained, based upon the hazards identified in the assessment required under RCW 72.23.400:

- (1) General safety procedures;
 - (2) Personal safety procedures and equipment;
 - (3) The violence escalation cycle;
 - (4) Violence-predicting factors;
 - (5) Obtaining patient history for patients with violent behavior or a history of violent acts;
 - (6) Verbal and physical techniques to de-escalate and minimize violent behavior;
 - (7) Strategies to avoid physical harm;
 - (8) Restraining techniques;
 - (9) Documenting and reporting incidents;
 - (10) The process whereby employees affected by a violent act may debrief;
 - (11) Any resources available to employees for coping with violence;
 - (12) The state hospital's workplace violence prevention plan;
 - (13) Use of the intershift reporting process to communicate between shifts regarding patients who are agitated; and
 - (14) Use of the multidisciplinary treatment process or other methods for clinicians to communicate with staff regarding patient treatment plans and how they can collaborate to prevent violence.
- [2000 c 22 s 4.]

Findings—2000 c 22: See note following RCW 72.23.400.

RCW 72.23.420 Record of violent acts. Beginning no later than July 1, 2000, each state hospital shall keep a record of any violent act against an employee or a patient occurring at the state hospital. Each record shall be kept for at least five years following the act reported during which time it shall be available for inspection by the department of labor and industries upon request. At a minimum, the record shall include:

- (1) Necessary information for the state hospital to comply with the requirements of chapter 49.17 RCW related to employees that may include:
 - (a) A full description of the violent act;
 - (b) When the violent act occurred;
 - (c) Where the violent act occurred;

- (d) To whom the violent act occurred;
 - (e) Who perpetrated the violent act;
 - (f) The nature of the injury;
 - (g) Weapons used;
 - (h) Number of witnesses; and
 - (i) Action taken by the state hospital in response to the violence; and
- (2) Necessary information for the state hospital to comply with current and future expectations of the joint commission on hospital accreditation related to violence perpetrated upon patients which may include:
- (a) The nature of the violent act;
 - (b) When the violent act occurred;
 - (c) To whom it occurred; and
 - (d) The nature and severity of any injury. [2000 c 22 s 5.]

Findings—2000 c 22: See note following RCW 72.23.400.

RCW 72.23.430 Noncompliance—Citation under chapter 49.17 RCW. Failure of a state hospital to comply with this chapter shall subject the hospital to citation under chapter 49.17 RCW. [2000 c 22 s 6.]

Findings—2000 c 22: See note following RCW 72.23.400.

RCW 72.23.440 Technical assistance and training. A state hospital needing assistance to comply with RCW 72.23.400 through 72.23.420 may contact the department of labor and industries for assistance. The state departments of labor and industries, social and health services, and health shall collaborate with representatives of state hospitals to develop technical assistance and training seminars on plan development and implementation, and shall coordinate their assistance to state hospitals. [2000 c 22 s 7.]

Findings—2000 c 22: See note following RCW 72.23.400.

RCW 72.23.451 Annual report to the legislature. By September 1st of each year, the department shall report to the house committee on commerce and labor and the senate committee on commerce and trade, or successor committees, on the department's efforts to reduce violence in the state hospitals. [2005 c 187 s 1.]

RCW 72.23.460 Provisions applicable to hospitals governed by chapter. The provisions of RCW 70.41.410 and 70.41.420 apply to hospitals governed by this chapter. [2008 c 47 s 4.]

Findings—Intent—2008 c 47: See note following RCW 70.41.410.

RCW 72.23.900 Construction—Purpose—1959 c 28. The provisions of this chapter shall be liberally construed so that persons who are in need of care and treatment for mental illness shall receive humane care and treatment and be restored to normal mental condition as

rapidly as possible with an avoidance of loss of civil rights where not necessary, and with as little formality as possible, still preserving all rights and all privileges of the person as guaranteed by the Constitution. [1959 c 28 s 72.23.900. Prior: 1951 c 139 s 1.]

Civil rights

loss of: State Constitution Art. 6 s 3, RCW 29A.08.520.

restoration of: RCW 9.92.066, 9.94A.637, 9.94A.885,

9.95.260, chapter 9.96 RCW.

RCW 72.23.910 Construction—Effect on laws relating to the criminally insane—"Insane" as used in other statutes. Nothing in this chapter shall be construed as affecting the laws of this state relating to the criminally insane or insane inmates of penal institutions. Where the term "insane" is used in other statutes of this state its meaning shall be synonymous with mental illness as defined in this chapter. [1959 c 28 s 72.23.910. Prior: 1951 c 139 s 4; 1949 c 198 s 15; Rem. Supp. 1949 s 6953-15. Formerly RCW 71.02.020.]

RCW 72.23.920 Construction—Chapter applicable to state registered domestic partnerships—2009 c 521. For the purposes of this chapter, the terms spouse, marriage, marital, husband, wife, widow, widower, next of kin, and family shall be interpreted as applying equally to state registered domestic partnerships or individuals in state registered domestic partnerships as well as to marital relationships and married persons, and references to dissolution of marriage shall apply equally to state registered domestic partnerships that have been terminated, dissolved, or invalidated, to the extent that such interpretation does not conflict with federal law. Where necessary to implement chapter 521, Laws of 2009, gender-specific terms such as husband and wife used in any statute, rule, or other law shall be construed to be gender neutral, and applicable to individuals in state registered domestic partnerships. [2009 c 521 s 167.]