

Hospital Meal and Rest Break  
Quarterly Report Guidance Document

**Covered Employees:**

In order to ensure consistency across reporting hospitals, the Department of Labor & Industries (L&I) provides a list of employees who are presumptively covered by the statute for the purposes of self-reporting, below. This list may not include everyone who is covered under the protections of RCW 49.48.480. When presented with individual complaints, L&I will apply the terms used in statute and further interpreted in policy and examine whether an employee is covered on a case-by-case basis.

RCW 49.12.480(3)(a) defines “employee” as a person who:

- (i) Is employed by an employer;
- (ii) Is involved in direct patient care activities or clinical services; and
- (iii) Receives an hourly wage or is covered by a collective bargaining agreement.

“Employer” is defined as a hospital licensed under chapter 70.41 RCW. Neither the statute nor relevant rules define “direct patient care activities” or “clinical services.” L&I provides further guidance on these two definitions in Administrative Policy HLS.A.2.

Administrative Policy HLS.A.2 specifies:

- *Direct patient care activities* are those that involve contact with patients to provide care and services. Direct patient care activities include assessment, diagnosis, treatment, prevention of diseases and injuries, and health support and promotion activities. An individual may be considered to be involved in direct patient care activities when they are primarily stationed within a clinical unit and provide direct support to clinical staff by coordinating patient care and other services. Contact may be hands-on, remote or virtual, or other direct patient contact.
- *Clinical services* are provided by people with clinical training and are services related to the screening, assessment, observation, treatment, counseling, and care of a patient. Clinical services include nursing, therapeutic, technical, nutritional, social, and other services directly involved in the support of a patient's clinical plan of care.

The list of professions that should be included in a hospital’s meal and rest break tracking and self-report forms is provided at the bottom of this document.

**Reporting Categories:**

The self-report form requires reporting on the following categories: total breaks required, total breaks missed, and total breaks successfully taken. Following is an explanation of the circumstances that fall under each category.

**Total Breaks Required:**

This category includes all breaks scheduled or required for a covered employee with the following exceptions:

- Omits waived meal breaks.
- Combined meal and rest breaks count as two (one meal, one rest break). Employers may designate which portions of the combined breaks are designated for each type of break and which were missed or interrupted if they have capacity to do so, but otherwise combined breaks are considered all-or-nothing in accordance with the table below.

Hospital Meal and Rest Break  
Quarterly Report Guidance Document

**Total Breaks Missed:**

This category includes the following circumstances:

- Breaks not taken;
- Breaks taken after the required time;
- Breaks interrupted for a non-allowable circumstance and not replaced with a full break during the required time period; and
- Breaks interrupted for an allowable circumstance and never finished.

**Total Breaks Successfully Taken:**

This category includes the following circumstances:

- Breaks taken on time, in full;
- Breaks interrupted for an allowable circumstance and later completed; and
- Breaks interrupted but replaced in full within the required time period.

**Replacement Breaks or Replaced Breaks:**

As used throughout this guidance document, replacement breaks or replaced breaks are uninterrupted, full, and timely replacement breaks provided after an earlier break was impermissibly interrupted.

**Table 1: Breakdown of Missed Breaks for Self-Reporting:**

<b>Circumstance</b>	<b>Was this break "missed"?</b>
Break is taken in full, on-time, with no interruptions	No.
Break is interrupted for an allowable circumstance and then finished later	No.
Break is interrupted for an allowable circumstance and never completed	Yes; break is missed.
Break is interrupted for a non-allowable circumstance and no uninterrupted, timely, and full replacement break is provided	Yes; break is missed.
Break is interrupted for a non-allowable circumstance, but an uninterrupted, timely, and full replacement break is provided	No.
Break is taken after it was required (e.g., a meal break provided after six consecutive working hours rather than by no later than the fifth hour)	Yes; break is missed.

When a meal break or the timing requirements relating to a meal break is properly and voluntarily waived by an employee, the break is not considered missed.

**Formula for Calculating Self-Reporting Compliance Rate:**

$$\text{Compliance Rate} = \frac{\text{Total Breaks Required} - \text{Total Breaks Missed}}{\text{Total Breaks Required}}$$

**"Allowable circumstances" for Break Interruptions: RCW 49.12.480**

- RCW 49.28.130 "Unforeseeable emergent circumstance" means
  - (a) any unforeseen declared national, state, or municipal emergency;

Hospital Meal and Rest Break  
Quarterly Report Guidance Document

- (b) when a health care facility disaster plan is activated; or
- (c) any unforeseen disaster or other catastrophic event which substantially affects or increases the need for health care services.
- RCW 49.12.480(1)(b)(ii) An unforeseeable clinical circumstance
  - During an unforeseeable clinical circumstance, if in the employee’s opinion, the clinical circumstance may lead to a significant adverse effect on the patient’s condition, it is permissible to interrupt the employee’s meal and rest break.
  - Likewise, an employee’s meal and rest break can be interrupted during an unforeseeable clinical circumstance if the employer or an employer’s designee determines that the patient may suffer life threatening adverse effects.
  - When an employee’s meal or rest break is interrupted by an unforeseeable clinical circumstance, the employer must document the details of the event and make the records available to L&I.

**Break Timing Requirements for Self-reporting:**

*Meal Periods:*

- Employees are entitled to a meal period when working more than five hours in a shift;
- The meal period must be at least 30 minutes long;
- The meal period must start between the second and fifth hour of the shift; and
- Employees may not be required to work more than five consecutive hours without a meal period.

*Rest Breaks:*

- Employees are entitled to rest breaks of at least 10 minutes for every four hours worked.
- Employees may not be required to work more than three hours without a rest break.
- Rest breaks are to be scheduled as near as possible to the midpoint of the work period.

**Table 2: Minimum Number of Breaks Required Based on Shift Lengths:**

Shift Length	Meal Breaks	Rest Breaks
4 hrs	0	1
6 hrs	1	1
8 hrs	1-2*	2
10 hrs	1-2*	2
12 hrs	2	3

\* Depending on timing of meal periods. An employee cannot work more than five hours without a meal period.

**Recordkeeping for Meal and Rest Breaks:**

Consistent with the statute, the Self-Report form is limited to collecting information directly related to determining a hospital’s compliance rate. However, employers should keep the underlying records for a period of at least three years. Under RCW 49.12.483(4)(b), L&I must investigate complaints that self-reported data may be invalid or inaccurate. Maintaining the source records and providing them upon request to L&I will help maintain the integrity of and trust in the self-report process.

See Administrative Policy HLS.A.2 for further guidance on the type of records that may be requested during an investigation.

Hospital Meal and Rest Break  
Quarterly Report Guidance Document

**List of Covered Employees for the purposes of Self-Reporting**

- ARNP
- Anesthesia Tech
- Cardiac Cath Lab Tech
- Cardiovascular Tech
- Case Manager
- Clinic Tech
- CT Tech
- Dialysis Tech
- Dietician
- Dosimetrist
- Echo Tech
- EEG Tech
- Emergency Department Tech
- Endoscopy Tech or GI Tech
- Health Unit Coordinator
- Infant Nutrition Assistant NICU
- Interventional Radiologic Tech
- Lab Tech
- Lactation Assistant
- Licensed Practical Nurse
- Mammography Tech
- Medical Assistant
- Medical Language Specialist
- Mental Health Tech and Specialists
- Mental Health Therapist
- Mobile Mammography Assistant
- Monitor Tech
- MRI Tech
- Neurophysiology Tech
- NICU Assistant
- Nuclear Med Tech
- Nurse Tech
- Nursing Assistant
- Nursing Assistant Cert-Transporter
- Occupational Therapist
- Occupational Therapy Assistant
- Oral Surgery Assistant
- Orthopedic Technologist
- Patient Care Assistant
- Patient Care Tech
- Patient educator - Diabetic, etc.
- Perinatal Assistant
- Perioperative Care Associate
- PET / CT Technologist
- Pharmacy Assistant
- Pharmacy Tech
- Pharmacy Tech Sys Coordinator
- Phlebotomist
- Physical Therapist
- Physical Therapy Assistant
- Physician Assistant
- Pulmonary Function Tech
- Radiologist Assistant
- Radiation Therapist
- Radiology Tech
- Rapid Response Team
- Registered Nurse
- Rehab Services Aide
- Respiratory Therapist
- Scrub Tech
- Sitter
- Sleep Tech
- Social Worker
- Speech Therapist
- Surgical Core Tech
- Surgical Tech
- Transporter
- Ultrasound Techs and Diagnostic Sonographers
- Vascular Sonographer