Washington State
House of Representatives
Office of Program Research

BILL ANALYSIS

Health Care & Wellness Committee

HB 3072

Brief Description: Including wound care management in occupational therapy.

Sponsors: Representatives Morrell, Driscoll, Crouse, Wallace and Parker.

Brief Summary of Bill

- Allows Occupational Therapists and Occupational Therapy Assistants to perform wound care under certain circumstances.

Hearing Date: 2/2/10

Staff: Jim Morishima (786-7191).

Background:

Occupational Therapy.

An Occupational Therapist is a person licensed by the Board of Occupational Therapy Practice (Board) to practice occupational therapy. An Occupational Therapy Assistant is a person licensed by the Board to assist in the practice of occupational therapy under the supervision, or with the regular consultation, of a licensed Occupational Therapist.

"Occupational therapy" is the scientifically-based use of purposeful activity that maximizes independence, prevents disability, and maintains the health of individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, or the aging process. Examples of the practice of occupational therapy include:

- using specifically-designed activities and exercises to enhance neuro-developmental, cognitive, perceptual motor, sensory integrative, and psychomotor functioning;
- administering and interpreting tests such as manual muscle and sensory integration;
- teaching daily living skills;
- developing pre-vocational skills and play and avocational activities;

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- designing, fabricating, or applying selected orthotic and prosthetic devices or selected adaptive equipment; and
- adapting environments for persons with disabilities.

Wound Care.

Statutory provisions relating to occupational therapy make no mention of whether wound care is within the scope of practice of Occupational Therapists or Occupational Therapy Assistants. The Board has issued an informal opinion stating occupational therapy includes wound care management and has considered adopting an official interpretive statement that occupational therapy includes wound care management and sharp debridement (the removal of dead or contaminated tissue from a wound). In response to a draft interpretive statement issued by the Board, the Attorney General issued an opinion concluding that sharp debridement is not included in the scope of practice for Occupational Therapists. The Attorney General's opinion did not address the issue of whether wound care in general is within the scope of practice.

Summary of Bill:

Wound Care.

Wound care is made part of the scope of practice of an Occupational Therapist. An Occupational Therapist may provide wound care management under the referral and direction of a physician or other authorized health care provider. The referring provider must examine the patient prior to the referral.

"Wound care management" is defined as the part of occupational therapy treatment that facilitates healing, prevents edema, infection, and excessive scar formation, and minimizes would complications. Wound care includes:
- assessment of wound healing status;
- patient education;
- selection and application of dressings;
- cleansing of the wound and surrounding areas;
- application of topical medications;
- use of physical agent modalities;
- application of pressure garments and non-weight bearing orthotic devices;
- sharp debridement, which is defined as the removal of devitalized tissue from a would with scissors, scalpel, and tweezers without anesthesia;
- debridement with other agents; and
- adapting activities of daily living to promote independence during wound healing.

Wound Care by Occupational Therapy Assistants.

Wound care may also be provided by an Occupational Therapy Assistant under the direct supervision of an Occupational Therapist. The supervising Occupational Therapist must be on the premises and quickly and easily available and must have examined the patient. Wound care services by an Occupational Therapy Assistant are limited to:
- patient education;
- application of dressings;

- cleansing of the wound and surrounding areas;
- application of topical medications;
- use of physical agent modalities;
- application of pressure garments and non-weight bearing orthotic devices; and
- adapting activities of daily living to promote independence during wound healing.

Debridement.

In order to perform debridement, an Occupational Therapist must have training in:
- indications and contraindications for the use of debridement;
- appropriate selection and use of clean and sterile techniques;
- selection of appropriate tools;
- identification of viable and devitalized tissues; and
- conditions that require referral back to the referring provider.

Training in debridement may be provided through entry-level or continuing education, mentoring, co-treatment, and observation. An Occupational Therapist must consult with a referring provider if the wound exposes anatomic structures underlying the skin, if there is an obvious worsening of the condition, or if there are signs of infection.

In order to be authorized to perform wound care, including sharp debridement, an Occupational Therapist must submit an affidavit to the Department of Health (DOH) attesting to his or her education and training (an Occupational Therapist whose practice meets the educational and training requirements as of the effective date of the act must submit his or her affidavit to the DOH by July 1, 2011). The requisite amount of training varies depending on the type of wound care involved:
- For the use of scissors and tweezers to remove loosely adherent tissue, the Occupational Therapist must have at least 15 hours of mentored training. Mentored training includes observation, co-treatment, and supervised treatment. The training must include a case mix similar to the Occupational Therapist's expected practice and must include conditions necessitating referral back the referring provider.
- For sharp debridement with a scalpel, the Occupational Therapist must have an additional 15 hours of mentored sharp debridement training, including the use of a scalpel. Mentored training includes observation, co-treatment, and supervised treatment. The training must include a case mix similar to the Occupational Therapist's expected practice and must include conditions necessitating referral back the referring provider.

The education and training requirements may also be satisfied if the Occupational Therapist is certified as a hand therapist by the Hand Therapy Certification Commission or as a wound care specialist by the American Academy of Wound Management, the National Alliance of Wound Care, or equivalent organization approved by the Board.

Appropriation: None.

Fiscal Note: Requested January 28, 2010.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.