
SUBSTITUTE HOUSE BILL 3072

State of Washington 61st Legislature 2010 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Morrell, Driscoll, Crouse, Wallace, and Parker)

READ FIRST TIME 02/03/10.

1 AN ACT Relating to wound care management in occupational therapy;
2 amending RCW 18.59.020 and 18.59.160; and adding a new section to
3 chapter 18.59 RCW.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 **Sec. 1.** RCW 18.59.020 and 1999 c 333 s 1 are each amended to read
6 as follows:

7 Unless the context clearly requires otherwise, the definitions in
8 this section apply throughout this chapter.

9 (1) "Board" means the board of occupational therapy practice.

10 (2) "Occupational therapy" is the scientifically based use of
11 purposeful activity with individuals who are limited by physical injury
12 or illness, psychosocial dysfunction, developmental or learning
13 disabilities, or the aging process in order to maximize independence,
14 prevent disability, and maintain health. The practice encompasses
15 evaluation, treatment, and consultation. Specific occupational therapy
16 services include but are not limited to: Using specifically designed
17 activities and exercises to enhance neurodevelopmental, cognitive,
18 perceptual motor, sensory integrative, and psychomotor functioning;
19 administering and interpreting tests such as manual muscle and sensory

1 integration; teaching daily living skills; developing prevocational
2 skills and play and avocational capabilities; designing, fabricating,
3 or applying selected orthotic and prosthetic devices or selected
4 adaptive equipment; wound care management as provided in section 3 of
5 this act; and adapting environments for ((the handicapped)) persons
6 with disabilities. These services are provided individually, in
7 groups, or through social systems.

8 (3) "Occupational therapist" means a person licensed to practice
9 occupational therapy under this chapter.

10 (4) "Occupational therapy assistant" means a person licensed to
11 assist in the practice of occupational therapy under the supervision or
12 with the regular consultation of an occupational therapist.

13 (5) "Occupational therapy aide" means a person who is trained to
14 perform specific occupational therapy techniques under professional
15 supervision as defined by the board but who does not perform activities
16 that require advanced training in the sciences or practices involved in
17 the profession of occupational therapy.

18 (6) "Occupational therapy practitioner" means a person who is
19 credentialed as an occupational therapist or occupational therapy
20 assistant.

21 (7) "Person" means any individual, partnership, unincorporated
22 organization, or corporate body, except that only an individual may be
23 licensed under this chapter.

24 (8) "Department" means the department of health.

25 (9) "Secretary" means the secretary of health.

26 (10) "Sharp debridement" means the removal of devitalized tissue
27 from a wound with scissors, scalpel, and tweezers without anesthesia.
28 "Sharp debridement" does not mean surgical debridement.

29 (11) "Wound care management" means a part of occupational therapy
30 treatment that facilitates healing, prevents edema, infection, and
31 excessive scar formation, and minimizes wound complications. Treatment
32 may include: Assessment of wound healing status; patient education;
33 selection and application of dressings; cleansing of the wound and
34 surrounding areas; application of topical medications, as provided
35 under RCW 18.59.160; use of physical agent modalities; application of
36 pressure garments and nonweight-bearing orthotic devices, excluding
37 high-temperature custom foot orthotics made from a mold; sharp

1 debridement of devitalized tissue; debridement of devitalized tissue
2 with other agents; and adapting activities of daily living to promote
3 independence during wound healing.

4 **Sec. 2.** RCW 18.59.160 and 2009 c 68 s 1 are each amended to read
5 as follows:

6 An occupational therapist licensed under this chapter may purchase,
7 store, and administer topical and transdermal medications such as
8 hydrocortisone, dexamethasone, fluocinonide, topical anesthetics,
9 lidocaine, magnesium sulfate, and other similar medications for the
10 practice of occupational therapy as prescribed by a health care
11 provider with prescribing authority as authorized in RCW 18.59.100.
12 Administration of medication must be documented in the patient's
13 medical record. Some medications may be applied by the use of
14 iontophoresis and phonophoresis. An occupational therapist may not
15 purchase, store, or administer controlled substances. A pharmacist who
16 dispenses such drugs to a licensed occupational therapist is not liable
17 for any adverse reactions caused by any method of use by the
18 occupational therapist. (~~Application of a prescribed medication to a~~
19 ~~wound as authorized in this statute does not constitute wound care~~
20 ~~management.)) Application of a topical medication to a wound is subject
21 to section 3 of this act.~~

22 NEW SECTION. **Sec. 3.** A new section is added to chapter 18.59 RCW
23 to read as follows:

24 (1)(a) An occupational therapist licensed under this chapter may
25 provide wound care management only:

26 (i) In the course of occupational therapy treatment to return
27 patients to functional performance in their everyday occupations under
28 the referral and direction of a physician or other authorized
29 healthcare provider listed in RCW 18.59.100 in accordance with their
30 scope of practice. The referring provider must evaluate the patient
31 prior to referral to an occupational therapist for wound care; and

32 (ii) After filing an affidavit under subsection (2)(b) of this
33 section.

34 (b) An occupational therapist may not delegate wound care services
35 or management, to include any form of debridement.

1 (2)(a) Debridement is not an entry-level skill and requires
2 specialized training, which must include: Indications and
3 contraindications for the use of debridement; appropriate selection and
4 use of clean and sterile techniques; selection of appropriate tools,
5 such as scissors, forceps, or scalpel; identification of viable and
6 devitalized tissues; and conditions which require referral back to the
7 referring provider. Training may be provided through continuing
8 education, mentoring, cotreatment, and observation. Consultation with
9 the referring provider is required if the wound exposes anatomical
10 structures underlying the skin, such as tendon, muscle, or bone, or if
11 there is an obvious worsening of the condition, or signs of infection.

12 (b)(i) Occupational therapists may perform wound care management
13 upon showing evidence of adequate education and training by submitting
14 an affidavit to the department attesting to their education and
15 training as follows:

16 (A) For occupational therapists performing any part of wound care
17 management, except the use of a scalpel, a minimum of fifteen hours of
18 mentored training is required to be documented in the affidavit.
19 Mentored training includes observation, cotreatment, and supervised
20 treatment. Fifteen hours mentored training in a clinical setting must
21 include a case mix similar to the occupational therapist's expected
22 practice. In addition, the training must include conditions which
23 necessitate referral back to the referring provider;

24 (B) For occupational therapists performing sharp debridement with
25 a scalpel, an additional minimum of fifteen hours of mentored sharp
26 debridement training in the use of a scalpel is required to be
27 documented in the affidavit. Mentored training includes observation,
28 cotreatment, and supervised treatment. Fifteen hours mentored training
29 in a clinical setting must include a case mix similar to the
30 occupational therapist's expected practice. In addition, the training
31 must include conditions which necessitate referral back to the
32 referring provider.

33 (ii) Certification as a certified hand therapist by the hand
34 therapy certification commission or as a wound care specialist by the
35 American academy of wound management, the national alliance of wound
36 care, or equivalent organization approved by the board is sufficient to
37 meet the requirements of (b)(i) of this subsection.

1 (c) The board shall develop an affidavit form for the purposes of
2 (b) of this subsection.

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