

SHB 3072 - H AMD 1055

By Representative Morrell

ADOPTED 02/11/2010

1 Strike everything after the enacting clause and insert the  
2 following:

3 "Sec. 1. RCW 18.59.020 and 1999 c 333 s 1 are each amended to read  
4 as follows:

5 Unless the context clearly requires otherwise, the definitions in  
6 this section apply throughout this chapter.

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

8 (2) "Occupational therapy" is the scientifically based use of  
9 purposeful activity with individuals who are limited by physical injury  
10 or illness, psychosocial dysfunction, developmental or learning  
11 disabilities, or the aging process in order to maximize independence,  
12 prevent disability, and maintain health. The practice encompasses  
13 evaluation, treatment, and consultation. Specific occupational therapy  
14 services include but are not limited to: Using specifically designed  
15 activities and exercises to enhance neurodevelopmental, cognitive,  
16 perceptual motor, sensory integrative, and psychomotor functioning;  
17 administering and interpreting tests such as manual muscle and sensory  
18 integration; teaching daily living skills; developing prevocational  
19 skills and play and avocational capabilities; designing, fabricating,  
20 or applying selected orthotic and prosthetic devices or selected  
21 adaptive equipment; wound care management as provided in section 3 of  
22 this act; and adapting environments for (~~the handicapped~~) persons  
23 with disabilities. These services are provided individually, in  
24 groups, or through social systems.

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

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

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

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

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

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

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

14 (10) "Sharp debridement" means the removal of loose or loosely  
15 adherent devitalized tissue with the use of tweezers, scissors, or  
16 scalpel, without any type of anesthesia other than topical anesthetics.  
17 "Sharp debridement" does not mean surgical debridement.

18 (11) "Wound care management" means a part of occupational therapy  
19 treatment that facilitates healing, prevents edema, infection, and  
20 excessive scar formation, and minimizes wound complications. Treatment  
21 may include: Assessment of wound healing status; patient education;  
22 selection and application of dressings; cleansing of the wound and  
23 surrounding areas; application of topical medications, as provided  
24 under RCW 18.59.160; use of physical agent modalities; application of  
25 pressure garments and nonweight-bearing orthotic devices, excluding  
26 high-temperature custom foot orthotics made from a mold; sharp  
27 debridement of devitalized tissue; debridement of devitalized tissue  
28 with other agents; and adapting activities of daily living to promote  
29 independence during wound healing.

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

32 An occupational therapist licensed under this chapter may purchase,  
33 store, and administer topical and transdermal medications such as  
34 hydrocortisone, dexamethasone, fluocinonide, topical anesthetics,  
35 lidocaine, magnesium sulfate, and other similar medications for the  
36 practice of occupational therapy as prescribed by a health care  
37 provider with prescribing authority as authorized in RCW 18.59.100.

1 Administration of medication must be documented in the patient's  
2 medical record. Some medications may be applied by the use of  
3 iontophoresis and phonophoresis. An occupational therapist may not  
4 purchase, store, or administer controlled substances. A pharmacist who  
5 dispenses such drugs to a licensed occupational therapist is not liable  
6 for any adverse reactions caused by any method of use by the  
7 occupational therapist. (~~Application of a prescribed medication to a~~  
8 ~~wound as authorized in this statute does not constitute wound care~~  
9 ~~management.~~) Application of a topical medication to a wound is subject  
10 to section 3 of this act.

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

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

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

21 (ii) After filing an affidavit under subsection (2)(b) of this  
22 section.

23 (b) An occupational therapist may not delegate wound care  
24 management, including any form of debridement.

25 (2)(a) Debridement is not an entry-level skill and requires  
26 specialized training, which must include: Indications and  
27 contraindications for the use of debridement; appropriate selection and  
28 use of clean and sterile techniques; selection of appropriate tools,  
29 such as scissors, forceps, or scalpel; identification of viable and  
30 devitalized tissues; and conditions which require referral back to the  
31 referring provider. Training must be provided through continuing  
32 education, mentoring, cotreatment, and observation. Consultation with  
33 the referring provider is required if the wound exposes anatomical  
34 structures underlying the skin, such as tendon, muscle, or bone, or if  
35 there is an obvious worsening of the condition, or signs of infection.

36 (b)(i) Occupational therapists may perform wound care management

1 upon showing evidence of adequate education and training by submitting  
2 an affidavit to the board attesting to their education and training as  
3 follows:

4 (A) For occupational therapists performing any part of wound care  
5 management, except sharp debridement with a scalpel, a minimum of  
6 fifteen hours of mentored training in a clinical setting is required to  
7 be documented in the affidavit. Mentored training includes  
8 observation, cotreatment, and supervised treatment by a licensed  
9 occupational therapist who is authorized to perform wound care  
10 management under this section or a health care provider who is  
11 authorized to perform wound care management in his or her scope of  
12 practice. Fifteen hours mentored training in a clinical setting must  
13 include a case mix similar to the occupational therapist's expected  
14 practice;

15 (B) For occupational therapists performing sharp debridement with  
16 a scalpel, a minimum of two thousand hours in clinical practice and an  
17 additional minimum of fifteen hours of mentored sharp debridement  
18 training in the use of a scalpel in a clinical setting is required to  
19 be documented in the affidavit. Mentored training includes  
20 observation, cotreatment, and supervised treatment by a licensed  
21 occupational therapist who is authorized to perform sharp debridement  
22 with a scalpel under this section or a health care provider who is  
23 authorized to perform wound care management, including sharp  
24 debridement with a scalpel, in his or her scope of practice. Both the  
25 two thousand hours in clinical practice and the fifteen hours of  
26 mentored training in a clinical setting must include a case mix similar  
27 to the occupational therapist's expected practice.

28 (ii) Certification as a certified hand therapist by the hand  
29 therapy certification commission or as a wound care specialist by the  
30 national alliance of wound care or equivalent organization approved by  
31 the board is sufficient to meet the requirements of (b)(i) of this  
32 subsection.

33 (c) The board shall develop an affidavit form for the purposes of  
34 (b) of this subsection."

EFFECT: Changes the definition of "sharp debridement" to mean the

removal of loose or loosely adherent devitalized tissue (instead of the removal of devitalized tissue from a wound) with scissors, scalpel, or tweezers (instead of with scissors, scalpel, and tweezers) without any type of anesthesia other than topical anesthetics (instead of without any type of anesthesia). Requires occupational therapists to send the affidavit showing adequate education and training in wound care to the Board of Occupational Therapy Practice instead of the Department of Health (the board, not the department, licenses occupational therapists). Clarifies that the mentored training necessary to perform wound care management must be provided in a clinical setting. Requires the mentored training necessary to perform wound care management to be performed by a licensed occupational therapist who is authorized to perform wound care management or another type of health care provider who is authorized to perform wound care management in his or her scope of practice. Requires an occupational therapist performing sharp debridement with a scalpel to have completed a minimum of 2,000 hours of clinical practice (in addition to the additional 15 hours of mentored training already required by the underlying bill). Removes the requirement that the mentored training include training in conditions that necessitate referral back to the referring provider. Removes the ability of wound care specialists certified by the American Academy of Wound Management to practice wound care management without meeting the minimum education and training requirements in the underlying bill.

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