

Chapter 246-826 WAC

HEALTH CARE ASSISTANTS

WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-826-090	Decertification or disciplinary actions. [Statutory Authority: RCW 18.135.030 and 34.05.220. 92-02-018 (Order 224), § 246-826-090, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-070, filed 2/25/85.] Repealed by 09-02-081, filed 1/7/09, effective 2/7/09. Statutory Authority: RCW 18.135.030, 2008 c 58.
246-826-190	Grandfather clause. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-125, filed 11/12/87.] Repealed by 09-02-081, filed 1/7/09, effective 2/7/09. Statutory Authority: RCW 18.135.030, 2008 c 58.

WAC 246-826-020 Delegation of functions to health care assistants. The authority to perform the functions authorized in chapter 18.135 RCW may only be personally delegated from one individual (the delegator) to another individual (the delegatee). The delegator can only delegate those functions that he or she can order within the scope of his or her license. A licensee who is performing a function at or under the direction of another may not further delegate that function. Functions may not be delegated unless a completed and current certification/delegation form is on file with the department of health.

[Statutory Authority: RCW 18.135.030. 92-02-018 (Order 224), § 246-826-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-020, filed 12/27/90, effective

(11/18/11)

1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-010, filed 2/25/85.]

WAC 246-826-030 Supervision of health care assistants. A health care assistant may be supervised by either the delegator or by another practitioner who can order the act under his or her own license. The practitioner who is supervising the health care assistant must be physically present and immediately available in the facility during the administration of injections, vaccines or drugs authorized in RCW 18.135.130. The supervising practitioner need not be present during procedures to withdraw blood.

[Statutory Authority: RCW 18.135.030 and 2009 c 43. 10-19-044, § 246-826-030, filed 9/13/10, effective 10/14/10. Statutory Authority: RCW 18.135.030, 2008 c 58. 09-02-081, § 246-826-030, filed 1/7/09, effective 2/7/09. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-020, filed 2/25/85.]

WAC 246-826-040 Certification of health care assistants. Health care assistants' certification is valid for two years. The delegating practitioner or health care facility is responsible for certifying or recertifying health care assistants. An updated recertification form must be submitted if a health care assistant is to be delegated functions by a practitioner other than the delegating practitioner indicated on his or her delegation/certification form.

[Statutory Authority: RCW 18.135.030. 92-02-018 (Order 224), § 246-826-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-030, filed 2/25/85.]

WAC 246-826-050 Renewal of health care assistants. Updated certification/delegation forms must be submitted within two years from the date of the most recent certification on file with the department of health. It is the responsibility of every health care facility and health care practitioner who certifies health care assistants to submit the renewal forms and fees on or before certification expiration date.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-826-050, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.135.030. 92-02-018 (Order 224), § 246-826-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-040, filed 11/12/87; 85-06-018 (Order PL 515), § 308-175-040, filed 2/25/85.]

WAC 246-826-060 Department of health responsibilities. The department of health will maintain files with regard to certification of health care assistants and delegation of functions. Department of health will not approve training programs.

[Statutory Authority: RCW 18.135.030. 92-02-018 (Order 224), § 246-826-060, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040.

91-02-049 (Order 121), recodified as § 246-826-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-050, filed 11/12/87; 85-06-018 (Order PL 515), § 308-175-050, filed 2/25/85.]

WAC 246-826-070 Maintenance of listing of drugs and functions authorized. Each delegator must maintain a list of the specific medications, diagnostic agents, or vaccines and the route of administration of each that he or she has authorized. Both the delegator and the delegatee shall sign and date the list. The signed list shall be available for review by the secretary of the department of health or his/her designee.

[Statutory Authority: RCW 18.135.030, 2008 c 58. 09-02-081, § 246-826-070, filed 1/7/09, effective 2/7/09. Statutory Authority: RCW 18.135.030. 92-02-018 (Order 224), § 246-826-070, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-060, filed 2/25/85.]

Categories	A	B	C	D	E	F	G
May perform:	Venous and capillary invasive procedures for blood withdrawal	Arterial invasive procedures for blood withdrawal	Intradermal, subcutaneous and intramuscular injections for diagnostic agents and administer skin tests	Intravenous injections for diagnostic agents	Intradermal, subcutaneous and intramuscular injections for therapeutic agents and administer skin tests	Intravenous injections for therapeutic agents	Hemodialysis
Injection	Not authorized	Not authorized	V, I	I	V, I	I	***
Oral	V	V	D, V	V	D, V	V	V
Topical	V	V	D, V	V	D, V	V	V, ***
Nasal	V	V	D, V	V	D, V	V	V, ***
Rectal	Not authorized	Not authorized	D	Not authorized	D	Not authorized	Not authorized
Otic	Not authorized	Not authorized	D	Not authorized	D	Not authorized	Not authorized
Ophthalmic	Not authorized	Not authorized	D	Not authorized	D	Not authorized	Not authorized
Inhaled	Not authorized	Not authorized	D	Not authorized	D	Not authorized	****

D - Drugs administered under RCW 18.135.130.
 I - Drugs by injection under WAC 246-826-200.
 V - Vaccines administered under RCW 18.135.120.
 *** - Drugs by injection listed under WAC 246-826-303 (2)(c).
 **** - Oxygen administration listed under WAC 246-826-303 (3)(a).

(2) The administration of drugs under RCW 18.135.130 expires on July 1, 2013, and only applies to a health care assistant certified in category C or E.

(3) A health care assistant certified in category C or E must have a written order from a supervising health care practitioner authorizing the administration of drugs listed in RCW 18.135.130.

(4) A health care assistant may perform supervised delegated functions as provided under WAC 246-826-020 and 246-826-030.

(5) A health care assistant certified in category C or E must be able to demonstrate initial and ongoing competency to the supervisor or delegator on the administration of authorized drugs listed in RCW 18.135.130. Competency may be demonstrated by:

- (a) Practicing techniques in a simulated situation; or
- (b) Observing and performing procedures on patients until the health care assistant demonstrates proficiency to administer authorized drugs identified in the table in subsection (1) of this section; or
- (c) Documenting all training on a checklist appropriate to the facility of the administration of drugs by the health care

WAC 246-826-080 Medication, diagnostic agent, and vaccine list. The list of specific medications, diagnostic agents, and vaccines, and the route of administration of each that has been authorized shall be submitted to the secretary at the time of initial certification and again with every recertification. If any changes occur which alter the list, a new list with the delegator and delegatee's signatures must be submitted to the department within thirty days of the change. All submitted lists will be maintained by the department of health.

[Statutory Authority: RCW 18.135.030, 2008 c 58. 09-02-081, § 246-826-080, filed 1/7/09, effective 2/7/09. Statutory Authority: RCW 18.135.030. 92-02-018 (Order 224), § 246-826-080, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-065, filed 11/12/87.]

WAC 246-826-100 Health care assistant classification. (1) There are seven categories of health care assistants. The table in this subsection outlines the tasks authorized for each category of health care assistant.

assistant. The health care assistant must complete and sign the form, have the form signed by the supervisor and the delegator, and have the form placed in their employee personnel file; or

(d) Other methods determined by the delegator.

(6) The supervisor or delegator is responsible for the patient's care. The tasks delegated to any category of health care assistant must be based on the health care assistant's individual education and training.

[Statutory Authority: Chapter 18.135 RCW and 2011 c 43[c 70]. 11-23-109, § 246-826-100, filed 11/18/11, effective 12/19/11. Statutory Authority: RCW 18.135.030 and 2009 c 43. 10-19-044, § 246-826-100, filed 9/13/10, effective 10/14/10. Statutory Authority: RCW 18.135.030, 2008 c 58. 09-02-081, § 246-826-100, filed 1/7/09, effective 2/7/09. Statutory Authority: RCW 18.135.030 and 18.135.020. 02-06-115, § 246-826-100, filed 3/6/02, effective 4/6/02. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-075, filed 11/12/87.]

WAC 246-826-110 Qualified trainer. Qualified trainers for health care assistant trainees are:

- (1) Delegator with a minimum of two years of current experience (within the last five years) in the appropriate category in which they are providing the training.
- (2) Delegatee from the appropriate category of health care assistants who has a minimum of two years experience

obtained within the last five years in the appropriate procedures.

(3) Licensed nurses who meet the educational and experiential criteria for the appropriate category.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-085, filed 11/12/87.]

WAC 246-826-120 Provision of health care assistants training. The training of health care assistants may be provided either:

(1) Under a licensed physician, osteopathic physician, podiatrist or certified registered nurse with prescriptive authorization, who shall ascertain the proficiency of the health care assistant; or under a registered nurse, physician's assistant, osteopathic physician's assistant, health care assistant, or LPN acting under the direction of a licensed physician, osteopathic physician, podiatrist or certified registered nurse with prescriptive authorization who shall be responsible for determining the content of the training and for ascertaining the proficiency of the health care assistant; or

(2) In a training program provided by a post-secondary institution registered with the Washington state council for post-secondary education, or a community college approved by the Washington state board for community college education, or a vocational education program approved by the superintendent of public instruction, or in a private vocational school registered with the Washington state commission on vocational education, or in a program or post-secondary institution accredited by an accrediting agency recognized by the U.S. Department of Education.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-090, filed 11/12/87; 85-06-018 (Order PL 515), § 308-175-090, filed 2/25/85.]

WAC 246-826-130 Category A minimum requirements. Effective September 1, 1988, Category A assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform venous and capillary invasive procedures for blood withdrawal:

- (a) High school education or its equivalent;
- (b) The ability to read, write, and converse in the English language; and
- (c) Adequate physical ability, including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category A assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

- (a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;
- (b) Patient identification process;
- (c) Identification of and relationship to licensed health care practitioner;
- (d) Procedure requesting process, including forms used, accessing process, and collection patterns;
- (e) Materials to be used;

(f) Anatomic considerations for performing such functions as venipuncture, capillary finger collection, heel sticks;

(g) Procedural standards and techniques for blood collection;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category A assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedures on patients until the trainee demonstrates proficiency to be certified at the minimum entry level of competency. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This will be completed, signed by the qualified trainer, trainee and delegator and be placed in employee personnel file.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-095, filed 11/12/87.]

WAC 246-826-140 Category B minimum requirements. Effective September 1, 1988, Category B assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform arterial invasive procedures for blood withdrawal:

- (a) Minimum high school education or its equivalent with additional education to include but not be limited to anatomy, physiology, concepts of asepsis, and microbiology;
- (b) The ability to read, write, and converse in the English language; and
- (c) Adequate physical ability, including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category B assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

- (a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;
- (b) Patient identification process;
- (c) Identification of and relationship to licensed health care practitioner;
- (d) Procedure requesting process, including forms used, accessing process, and collection patterns;
- (e) Materials to be used;
- (f) Anatomic considerations for performing such functions as venipuncture, capillary finger collection, heel sticks, arterial puncture, line draws, and use of local anesthetic agents;
- (g) Procedural standards and techniques for blood collection;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category B assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedures on patients until the trainee demonstrates proficiency to be certified at the minimum level of competency. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-100, filed 11/12/87.]

WAC 246-826-150 Category C minimum requirements. Effective September 1, 1988, Category C assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform intradermal (including skin tests), subcutaneous, and intramuscular injections for diagnostic agents:

(a) One academic year of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, basic pharmacology, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language;

(c) Possess a basic knowledge of mathematics; and

(d) Adequate physical ability including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category C assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process to include, but not be limited to, forms used;

(e) Materials to be used;

(f) Anatomic considerations for performing injections;

(g) Procedures for injections of agents will include readily available written, current, organized information. For each agent there shall be instruction concerning dosage, technique, acceptable route(s) of administration and appropriate anatomic sites, expected reactions, possible adverse reac-

tions, appropriate intervention for adverse reaction and risk to patient and employee;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category C assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedure on patients until the trainee demonstrates proficiency in each drug classification. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all health care assistants' training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This documentation will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file. The trainee must demonstrate minimum entry level skill proficiency before certification can be granted.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-105, filed 11/12/87.]

WAC 246-826-160 Category D minimum requirements. Effective September 1, 1988, Category D assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform intravenous injections for diagnostic agents:

(a) Two academic years of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, basic pharmacology, mathematics, chemistry, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category D assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process to include, but not be limited to, forms used;

(e) Materials to be used;

(f) Anatomic considerations for performing injections;

(g) Procedures for injections of agents will include readily available written, current, organized information. For each agent there shall be instruction concerning dosage, technique, acceptable route(s) of administration and appropriate anatomic sites, expected reactions, possible adverse reac-

tions, appropriate intervention for adverse reaction and risk to patient and employee;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category D assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedure on patients until the trainee demonstrates proficiency in each drug classification. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all health care assistants' training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This documentation will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file. The trainee must demonstrate minimum entry level skill proficiency before certification can be granted.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-110, filed 11/12/87.]

WAC 246-826-170 Category E minimum requirements. Effective September 1, 1988, Category E assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform intramuscular, intradermal (including skin tests), and subcutaneous injections for therapeutic agents:

(a) One academic year of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, pharmacological principles and medication administration, mathematics, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category E assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process to include, but not be limited to, forms used;

(e) Materials to be used;

(f) Anatomic considerations for performing injections;

(g) Procedures for injections of agents will include readily available written, current, organized information. For each agent there shall be instruction concerning dosage, tech-

nique, acceptable route(s) of administration and appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction, and risk to patient and employee;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category E assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedure on patients until the trainee demonstrates proficiency in each drug classification. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all health care assistants' training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This documentation will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file. The trainee must demonstrate minimum entry level skill proficiency before certification can be granted.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-115, filed 11/12/87.]

WAC 246-826-180 Category F minimum requirements. Effective September 1, 1988, Category F assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform intravenous injections for therapeutic agents:

(a) Two academic years of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, pharmacological principles and medication administration, chemistry, mathematics, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category F assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process to include, but not be limited to, forms used;

(e) Materials to be used;

(f) Anatomic considerations for performing injections;

(g) Procedures for injections of agents will include readily available written, current, organized information. For

each agent there shall be instruction concerning dosage, technique, acceptable route(s) of administration and appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction and risk to patient and employee;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category F assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedure on patients until the trainee demonstrates proficiency in each drug classification. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all health care assistants' training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This documentation will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file. The trainee must demonstrate minimum entry level skill proficiency before certification can be granted.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-120, filed 11/12/87.]

WAC 246-826-200 Hospital or nursing home drug injection. (1) Health care assistants certified in categories C, D, E or F and working in a hospital or nursing home may administer by injection the drugs listed in subsection (2) of this section if:

(a) Authorized and directed by a delegator; and

(b) It is within their scope of practice as identified in the table of WAC 246-826-100.

(2) Drugs authorized to be administered by injection include:

Antihistamines
 Antiinfective agents
 Antineoplastic agents
 Autonomic drugs
 Blood derivatives
 Blood formation and coagulation
 Cardiovascular drugs
 CNS agents
 Diagnostic agents
 Electrolytic, caloric and water balance
 Enzymes
 Gastrointestinal drugs
 Gold compounds
 Heavy metal antagonists
 Hormones/synthetic substitutes
 Local anesthetics
 Oxytocics
 Radioactive agents

Serums toxoids, vaccines
 Skin and mucous membrane agents
 Smooth muscle relaxants
 Vitamins
 Unclassified therapeutic agents

(3) The schedule of drugs in subsection (2) of this section shall not include the following unless the delegator is physically present in the immediate area where the drug is administered:

(a) Any controlled substances as defined in RCW 69.50.101 (1)(d); or

(b) Any experimental drug; or

(c) Any cancer chemotherapy agent.

[Statutory Authority: RCW 18.135.030 and 2009 c 43. 10-19-044, § 246-826-200, filed 9/13/10, effective 10/14/10. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-130, filed 11/12/87.]

WAC 246-826-210 Intravenous medications flow restrictions. (1) Category D and F assistants will be permitted to interrupt an IV, administer an injection, and restart at the same rate.

(2) Line draws may be performed by a Category B assistant only if the IV is stopped and restarted by a licensed practitioner.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-135, filed 11/12/87.]

WAC 246-826-230 AIDS prevention and information education requirements—Health care assistants. Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-826-230, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.135.030 and 70.24.270. 92-02-018 (Order 224), § 246-826-230, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 90-14-131 (Order 069), § 308-175-200, filed 7/5/90, effective 8/5/90; 88-22-076 (Order PM 785), § 308-175-200, filed 11/2/88.]

WAC 246-826-300 Definitions. The definitions in this section apply throughout hemodialysis rules, WAC 246-826-301 through 246-826-303, unless the context clearly requires otherwise.

(1) "Competency" means the demonstration of knowledge in a specific area and the ability to perform specific skills and tasks in a safe, efficient manner.

(2) "Dialysis facility or center" means a place awarded conditional or unconditional status by the center for medic-aid/medicare services to provide dialysis services. This does not include in the home setting.

(3) "Direct supervision" means the licensed health care practitioner, as required by or authorized by RCW 18.135.020, is physically present and accessible in the immediate patient care area and available to intervene, if necessary.

(4) "End-stage renal disease" (ESRD) means the stage of renal impairment that appears irreversible and permanent, and requires either the replacement of kidney functions

through renal transplantation or the permanent assistance of those functions through dialysis.

(5) "Hemodialysis" means a process by which dissolved substances are removed from a patient's body by diffusion from one fluid compartment to another across a semipermeable membrane.

(6) "Hemodialysis technician" means a person certified as a health care assistant, Category G, by the department of health, who is authorized under chapter 18.135 RCW and these rules to assist with the direct care of patients undergoing hemodialysis and to perform certain invasive procedures under proper delegation and supervision by health care practitioners.

(7) "Preceptor" means the licensed health care practitioner, as required by or authorized by RCW 18.135.020, who supervises, trains, and/or observes students providing direct patient care in a dialysis facility or center.

(8) "Training monitor" means the certified hemodialysis technician who with limited accountability mentors skill building and monitors for safety. The training monitor does not replace or substitute for the preceptor.

[Statutory Authority: RCW 18.135.030 and 2009 c 43, 10-19-044, § 246-826-300, filed 9/13/10, effective 10/14/10. Statutory Authority: RCW 18.135.030 and 18.135.020, 02-06-115, § 246-826-300, filed 3/6/02, effective 4/6/02.]

WAC 246-826-301 Hemodialysis technician, category G minimum requirements to perform hemodialysis.

An individual may not function as or represent himself or herself as a hemodialysis technician, Category G, unless that individual has satisfied the training and competency requirements of these rules. The individual in the process of completing training as a hemodialysis technician shall be identified as a trainee when present in any patient area of the facility. Applicants must meet all of the following minimum requirements prior to being certified as a health care assistant for Category G:

(1) Minimum qualifications for hemodialysis technician, Category G assistants to perform hemodialysis, the applicant must have:

- (a) A high school education or its equivalent;
- (b) The ability to read, write and converse in the English language;
- (c) Basic math skills including the use of fractions and decimal points; and
- (d) Adequate physical ability, including sufficient manual dexterity to perform the requisite health care services.

(2) Documentation of the satisfactory completion of a skills competency checklist equivalent to, or exceeding the competencies required by these rules.

(3) Training and experience. The hemodialysis technician, Category G assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine minimum level competency, as required by WAC 246-826-302.

(4) The dialysis facility forwarding an application for certification as a hemodialysis technician must verify the applicant has satisfactorily completed all of the core competencies and minimum training standards for hemodialysis training programs required by chapter 18.135 RCW and these rules. The dialysis facility must verify that the applicant is

sufficiently qualified, skilled, and knowledgeable to perform all procedures to be delegated to the applicant upon certification.

[Statutory Authority: RCW 18.135.030 and 18.135.020, 02-06-115, § 246-826-301, filed 3/6/02, effective 4/6/02.]

WAC 246-826-302 Minimum training standards for mandatory hemodialysis technician training programs.

(1) Administration and organization: The hemodialysis technician training must be provided by a licensed health care practitioner, as required by RCW 18.135.020. The health care facility or health care practitioner shall be responsible for the development, implementation, and evaluation of the training program, and clinical experiences.

(2) Training program record retention requirements: The training program shall maintain the orientation checklists and any appropriate training documentation while the hemodialysis technician is employed with the health care facility or health care practitioner.

(3) The training program for new hemodialysis technicians must be a minimum of six to eight weeks. The hemodialysis technician shall complete training in both didactic and supervised clinical instruction. The training program shall (a) extend over a period of time sufficient to provide essential, sequenced learning experiences, which enables the trainee to develop competence and shall (b) show evidence of an organized pattern of instruction consistent with principles of learning and sound educational practices.

(4) Supervised clinical experience must provide opportunities for the application of theory and for the achievement of stated objectives in a patient care setting. Training through supervised clinical experience must include clinical learning experiences to develop the skills required by hemodialysis technicians to provide safe patient care. The preceptor must be physically accessible to the hemodialysis technician when the hemodialysis technician is in the patient care area.

(5) The dialysis facility may accept documentation of a hemodialysis technician's successful completion of training objectives in another dialysis facility or accredited academic institution if it is substantially equivalent to the core competencies described in WAC 246-826-303. The dialysis facility that accepts the documentation assumes responsibility for confirming the core competency of the hemodialysis technician.

[Statutory Authority: RCW 18.135.030 and 18.135.020, 02-06-115, § 246-826-302, filed 3/6/02, effective 4/6/02.]

WAC 246-826-303 Minimum standards of practice and core competencies of hemodialysis technicians.

The following standards are the minimum competencies that a health care assistant, category G, must hold to be certified to practice in the state of Washington. The competencies are statements of skills and knowledge, and are written as descriptions of behaviors, which can be observed and measured. All competencies are performed, as required by chapter 18.135 RCW, under the direction and supervision of a health care practitioner as required by RCW 18.135.020. The level or depth of accomplishment of any given competency is appropriate to the "assisting" role of basic hemodialysis care under supervision of a health care practitioner.

Patient care.

(1) Data collection and communication. The hemodialysis technician must:

- (a) Verify patient identification and dialysis prescription.
- (b) Gather predialysis patient information necessary for treatment as required by facility protocols.
- (c) Accurately calculate patient fluid removal and replacement needs.
- (d) Monitor and verify treatment parameters during dialysis as required by facility protocols.
- (e) Gather post dialysis patient information necessary to conclude treatment as required by facility protocols.
- (f) Communicate and report patient, family or other care providers' concerns and/or needs to the nurse.
- (g) Provide written documentation to the patient's medical record related to both routine treatment and unusual events.
- (h) Recognize, report and document signs and symptoms related to:
 - (i) Hemodialysis vascular access complications.
 - (ii) Patient treatment complications.
 - (iii) Complications due to operator or equipment error.
 - (iv) Complications associated with allergic reactions.
 - (v) Complications associated with treatment anticoagulation.

(2) Basic hemodialysis treatment skills. The hemodialysis technician must be able to:

- (a) Set up dialysis related supplies and equipment as required by a licensed health care practitioner prescription and facility policies and procedures.
- (b) Prepare and mix additives to hemodialysis concentrates as required by facility procedure based on patient prescription.
- (c) Prepare and administer heparin and sodium chloride solutions and intradermal, subcutaneous, or topical administration of local anesthetics during treatment in standard hemodialysis doses.
- (d) Provide routine care for and cannulate hemodialysis vascular accesses for treatment as required by facility policies and procedures.
- (e) Initiate hemodialysis treatment as required by facility policies and procedures.
- (f) Provide routine care for, initiate, and terminate hemodialysis treatments using central catheters as required by facility protocols.
- (g) Terminate hemodialysis treatment as required by facility policies and procedures.
- (h) Provide routine care for equipment post dialysis including rinsing, disinfecting and shutting down as required by facility policies and procedures.
- (i) Draw required samples for laboratory testing as required by facility protocols and procedures.

(3) Hemodialysis treatment interventions. The hemodialysis technician must be able to:

- (a) Administer oxygen to patient by cannula or mask.
- (b) Initiate CPR.
- (c) Provide initial response to patient complications and emergencies during treatment per facility procedures, including, but not limited to, the administration of normal saline per facility protocol.
- (d) Respond to equipment alarms and make necessary adjustments.

(4) Education and personal development for hemodialysis technicians: The hemodialysis technician should be able to demonstrate a basic understanding of the following subjects:

- (a) General orientation subjects for the new hemodialysis technician.
 - (i) Common manifestations of renal failure.
 - (ii) Principles of dialysis.
 - (iii) Dialyzer and concentrate use and prescription.
 - (iv) Basic concepts of hemodialysis water treatment and dialyzer reuse.
 - (v) Principles of fluid management.
 - (vi) Hemodialysis treatment complications and emergencies.
 - (vii) Standard precautions and the use of aseptic techniques.
 - (viii) Hazardous chemical use in the hemodialysis setting.
 - (ix) Use and care of hemodialysis vascular accesses.
 - (x) Common laboratory testing procedures and critical alert values.
 - (xi) Basic concepts related to dialysis patient dietary/nutrition requirements.
 - (xii) Common psychosocial issues related to aging, chronic illness and dialysis therapy.
- (b) Facility requirements as required by written policies and procedures. The hemodialysis technician must:
 - (i) Maintain current CPR certification.
 - (ii) Demonstrate an understanding of facility requirements related to infection control and the use of hazardous chemicals.
 - (iii) Demonstrate knowledge of facility disaster plans and emergency evacuation routes.
 - (c) The hemodialysis technician must be able to demonstrate a basic understanding of the proper body mechanics for patient and self.
 - (d) Maintaining patient confidentiality related to medical and personal information.
 - (e) The hemodialysis technician must be able to demonstrate a basic understanding of the patient's rights and responsibilities per facility policies.
 - (f) The hemodialysis technician must be able to demonstrate a basic understanding of the Uniform Disciplinary Act of the state of Washington, chapter 18.130 RCW.
 - (g) The hemodialysis technician must be able to demonstrate a basic understanding of the role of hemodialysis technician patient care as it relates to professional interactions with:
 - (i) Patients, family members and other care providers.
 - (ii) Supervisory and administrative health care providers.
 - (iii) Peers and other facility employees.

[Statutory Authority: RCW 18.135.030 and 18.135.020. 02-06-115, § 246-826-303, filed 3/6/02, effective 4/6/02.]

WAC 246-826-990 Health care assistant fees and renewal cycle. (1) Certificates must be renewed every two years as provided in WAC 246-826-050 and chapter 246-12 WAC, Part 2.

(2) If a health care assistant who holds a current active credential leaves employment with a facility or practitioner

and returns to employment with a facility or practitioner that previously employed the health care assistant, and more than two years has passed since that health care assistant's employment with the previous facility or practitioner ended, the health care assistant must complete a new credential application and pay the application fee. However, that health care assistant is not required to pay the late renewal penalty and the expired credential reissuance fee.

(3) The following nonrefundable fees will be charged:

Title of Fee	Fee
Initial certification	\$113.00
Renewal	113.00
Expired credential reissuance	55.00
Recertification	108.00
Late renewal penalty	55.00
Duplicate certificate	30.00

[Statutory Authority: RCW 43.70.110, 43.70.250, and 2011 1st sp.s. c 50. 11-20-092, § 246-826-990, filed 10/4/11, effective 12/1/11. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329. 08-15-014, § 246-826-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 18.135.030. 07-20-100, § 246-826-990, filed 10/2/07, effective 11/2/07. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. 05-12-012, § 246-826-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250 and 18.135.030. 03-24-071, § 246-826-990, filed 12/1/03, effective 3/1/04. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-826-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-826-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-175-140, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-140, filed 11/12/87.]