
SENATE BILL 6773

State of Washington

61st Legislature

2010 Regular Session

By Senator Keiser

Read first time 01/26/10. Referred to Committee on Health & Long-Term Care.

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 to include sharp debridement
5 as provided in section 3 of this act; and adapting environments for
6 ~~((the handicapped))~~ persons with disabilities. These services are
7 provided individually, in 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 **Sec. 2.** RCW 18.59.160 and 2009 c 68 s 1 are each amended to read
30 as follows:

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

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

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

12 (1)(a) An occupational therapist licensed under this chapter may
13 provide wound care management in the course of occupational therapy
14 treatment to return patients to functional performance in their
15 everyday occupations under the referral and direction of a physician or
16 other authorized healthcare provider listed in RCW 18.59.100 in
17 accordance with their scope of practice. The referring provider must
18 evaluate the patient prior to referral to an occupational therapist for
19 wound care.

20 (b) For the purposes of this section, "wound care management" means
21 a part of occupational therapy treatment that facilitates healing,
22 prevents edema, infection, and excessive scar formation, and minimizes
23 wound complications. Treatment may include: Assessment of wound
24 healing status, patient education, selection and application of
25 dressings, cleansing of the wound and surrounding areas, application of
26 topical medications, as provided under subsection (2) of this section,
27 use of physical agent modalities, application of pressure garments and
28 nonweight-bearing orthotic devices, excluding high-temperature custom
29 foot orthotics made from a mold, and pressure garments, sharp
30 debridement of devitalized tissue, debridement of devitalized tissue
31 with other agents; and adapting activities of daily living to promote
32 independence during wound healing.

33 (c) For the purposes of this section, "wound care services" may
34 only be provided by occupational therapy assistants under the direct
35 supervision of occupational therapists. For the purposes of this
36 section, "direct supervision" means supervision of an occupational
37 therapy assistant by an occupational therapist that is on the premises

1 and is quickly and easily available, and where the patient has been
2 examined by the occupational therapist at such time as acceptable
3 occupational therapy practice requires, consistent with the delegated
4 health care task. Wound care services are limited to: Patient
5 education; application of dressings; cleansing of the wound and
6 surrounding areas; application of topical medications, as provided
7 under subsection (2) of this section; use of physical agent modalities;
8 application of pressure garments and nonweight bearing orthotic
9 devices, excluding high-temperature custom foot orthotics made from a
10 mold; and adapting activities of daily living to promote independence
11 during wound healing. Occupational therapists may not delegate sharp
12 debridement.

13 (2)(a) Debridement is not an entry-level skill and requires
14 specialized training, which must include: Indications and
15 contraindications for the use of debridement; appropriate selection and
16 use of clean and sterile techniques; selection of appropriate tools,
17 such as scissors, forceps, or scalpel; identification of viable and
18 devitalized tissues; and conditions which require referral back to the
19 referring provider. Training may be provided through entry-level or
20 continuing education, mentoring, cotreatment, and observation.
21 Consultation with the referring provider is required if the wound
22 exposes anatomical structures underlying the skin, such as tendon,
23 muscle, or bone, or if there is an obvious worsening of the condition,
24 or signs of infection.

25 (b)(i) Occupational therapists may perform wound care, including
26 sharp debridement, upon showing evidence of adequate education and
27 training by submitting an affidavit to the department attesting to
28 their education and training as follows:

29 (A) For occupational therapists performing wound care, including
30 the use of scissors and tweezers for the removal of loosely adherent
31 tissue, a minimum of fifteen hours of mentored training is required to
32 be documented in the affidavit. Mentored training includes
33 observation, cotreatment, and supervised treatment. Fifteen hours
34 mentored training in a clinical setting must include a case mix similar
35 to the occupational therapist's expected practice. In addition, the
36 training must include conditions which necessitate referral back to the
37 referring provider;

1 (B) For occupational therapists performing sharp debridement with
2 a scalpel, an additional minimum of fifteen hours of mentored sharp
3 debridement training, to include the use of a scalpel, is required to
4 be documented in the affidavit. Mentored training includes
5 observation, cotreatment, and supervised treatment. Fifteen hours
6 mentored training in a clinical setting must include a case mix similar
7 to the occupational therapist's expected practice. In addition, the
8 training must include conditions which necessitate referral back to the
9 referring provider.

10 (ii) Certification as a certified hand therapist by the hand
11 therapy certification commission or as a wound care specialist by the
12 American academy of wound management, the national alliance of wound
13 care, or equivalent organization approved by the board is sufficient to
14 meet the requirements of (b)(i) of this subsection.

15 (c) Therapists whose current practice meets the requirement for the
16 affidavit shall submit the affidavit to the department by July 1, 2011.

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