Chapter 246-840 WAC
PRACTICAL AND REGISTERED NURSING

WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

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246-840-070 Failures—Repeat examination. [Statutory Authority: RCW 18.79.110. 99-13-086, § 246-840-070, filed 6/14/99, effective 7/15/99. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-070, filed 6/18/97, effective 7/19/97.] Repealed by 08-11-019, filed 5/12/08, effective 6/12/08. Statutory Authority: RCW 18.79.110.

246-840-080 Licensure of graduates of foreign schools of nursing. [Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-080, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-080, filed 6/18/97, effective 7/19/97.] Repealed by 08-11-019, filed 5/12/08, effective 6/12/08. Statutory Authority: RCW 18.79.110.

246-840-100 AIDS education and training. [Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-100, filed 6/18/97, effective 7/19/97.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-840-110 Renewal of licenses. [Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-110, filed 6/18/97, effective 7/19/97.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-840-113 Impaired practical nurse program—Content—License surcharge. [Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-113, filed 6/18/97, effective 7/19/97.] Repealed by 99-01-099, filed 12/17/98, effective 1/17/99. Statutory Authority: Chapter 18.79 RCW.

246-840-115 Responsibility for maintaining mailing address. [Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-115, filed 6/18/97, effective 7/19/97.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-840-299 Definitions. [Statutory Authority: RCW 18.79.110 and 18.79.050. 00-21-119, § 246-840-299, filed 10/18/00, effective 11/18/00.] Repealed by 08-11-019, filed 5/12/08, effective 6/12/08. Statutory Authority: RCW 18.79.110.

246-840-305 Criteria for formal advanced nursing education meeting the requirement for ARNP licensure. [Statutory Authority: RCW 18.79.110 and 18.79.050. 00-21-119, § 246-840-305, filed 10/18/00, effective 11/18/00. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-305, filed 6/18/97, effective 7/19/97.] Repealed by 09-01-060, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210.

246-840-315 Clinical specialist in psychiatric/mental health nursing. [Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-315, filed 6/18/97, effective 7/19/97.] Repealed by 00-21-119, filed 10/18/00, effective 11/18/00. Statutory Authority: RCW 18.79.110 and 18.79.050.

246-840-320 Certification and certification program. [Statutory Authority: RCW 18.79.110 and 18.79.050. 00-21-119, § 246-840-320, filed 10/18/00, effective 11/18/00. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-320, filed 6/18/97, effective 7/19/97.] Repealed by 09-01-060, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210.

246-840-330 Commission approval of certification programs and commission recognition of new specialties. [Statutory Authority: RCW 18.79.110 and 18.79.050. 00-21-119, § 246-840-330, filed 10/18/00, effective 11/18/00. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-330, filed 6/18/97, effective 7/19/97.] Repealed by 09-01-060, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210.

246-840-345 ARNP designation in more than one area of specialty. [Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-345, filed 6/18/97, effective 7/19/97.] Repealed by 09-01-060, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210.

246-840-370 Termination of ARNP designation by the commission. [Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-370, filed 6/18/97, effective 7/19/97.] Repealed by 09-01-060, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210.

246-840-421 How do advanced registered nurse practitioners qualify for prescriptive authority for Schedule II - IV drugs? [Statutory Authority: RCW 18.79.240, 2000 c 64, and RCW 18.79.320. 01-16-011, § 246-840-421, filed 7/19/01, effective 8/19/01.] Repealed by 06-01-102, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.79.240 and 2005 c 28.

246-840-422 Criteria for joint practice arrangement. [Statutory Authority: RCW 18.79.240, 2000 c 64, and RCW 18.79.320. 01-16-011, § 246-840-422, filed 7/19/01, effective 8/19/01.] Repealed by 06-01-102, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.79.240 and 2005 c 28.

246-840-423 Endorsement of joint practice arrangements for ARNP licensure. [Statutory Authority: RCW 18.79.240, 2000 c 64, and RCW 18.79.320. 01-16-011, § 246-840-423, filed 7/19/01, effective 8/19/01.] Repealed by 06-01-102, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.79.240 and 2005 c 28.

246-840-424 Process for joint practice arrangement termination. [Statutory Authority: RCW 18.79.240, 2000 c 64, and RCW 18.79.320. 01-16-011, § 246-840-424, filed 7/19/01, effective 8/19/01.] Repealed by 06-01-102, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.79.240 and 2005 c 28.

246-840-425 Seventy-two-hour limit. [Statutory Authority: RCW 18.79.240, 2000 c 64, and RCW 18.79.320. 01-16-011, § 246-840-425, filed 7/19/01, effective 8/19/01.] Repealed by 09-01-060, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210.

246-840-426 Education for prescribing Schedule II - IV drugs. [Statutory Authority: RCW 18.79.240, 2000 c 64, and RCW 18.79.320. 01-16-011, § 246-840-426, filed 7/19/01, effective 8/19/01.] Repealed by 06-01-102, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.79.240 and 2005 c 28.

246-840-427 Jurisdiction. [Statutory Authority: RCW 18.79.240, 2000 c 64, and RCW 18.79.320. 01-16-011, § 246-840-427, filed 7/19/01, effective 8/19/01.] Repealed by 06-01-102, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.79.240 and 2005 c 28.

246-840-430 Termination of ARNP prescriptive authorization. [Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-430, filed 6/18/97, effective 7/19/97.] Repealed by 00-21-119, filed 10/18/00, effective 11/18/00. Statutory Authority: RCW 18.79.110 and 18.79.050.

246-840-440 Prescriptive authorization period. [Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-440, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-440, filed 6/18/97, effective 7/19/97.] Repealed by 00-21-119, filed 10/18/00, effective 11/18/00. Statutory Authority: RCW 18.79.110 and 18.79.050.

246-840-715 Standards/competencies. [Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-715, filed 6/18/97, effective 7/19/97.] Repealed by 02-06-117, filed 3/6/02, effective 4/6/02. Statutory Authority: RCW 18.79.110.

246-840-980 Evaluation of nurse delegation. [Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-980, filed 2/19/96, effective 3/21/96.] Repealed by 02-02-047, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapters 18.79 and 18.88A RCW.

WAC 246-840-010 Definitions. (1) An "advanced registered nurse practitioner (ARNP)" is a registered nurse who has had formal graduate education and has achieved national specialty certification for the nurse practitioner, nurse anesthetist, or nurse midwife role. A nurse with this preparation may qualify as an ARNP as described in WAC 246-840-300.

(2) "Advanced nursing practice" is the delivery of nursing care by registered nurses who have acquired experience and formal education that prepares them for independent practice.

(3) "Client advocate" means a licensed registered nurse or practical nurse who actively supports client's rights and choices, including the client's right to receive safe, high quality care, and who facilitates the client's ability to exercise those rights and/or choices by providing the client with adequate information about their care and options.

(4) "Commission" means the Washington state nursing care quality assurance commission.

(5) "Competency" means demonstrated knowledge, skill and ability in the practice of nursing.

(6) "Conditional approval" of a school of nursing is the approval given a school of nursing that has not met the requirements of the law and the rules and regulations of the commission; conditions are specified that must be met within a designated time to rectify the deficiency.

(7) "Delegation" means the licensed practical nurse or registered nurse transfers the performance of selected nursing tasks to competent individuals in selected situations. The licensed practical nurse or registered nurse delegating the task retains the responsibility and accountability for the nursing care of the client. The licensed practical nurse or registered nurse delegating the task supervises the performance of the unlicensed person. Delegation in community and in-home care settings is defined by WAC 246-840-910 through 246-840-970.

(a) Nursing acts delegated by the licensed practical nurse or registered nurse shall:

(i) Be within the area of responsibility of the licensed practical nurse or registered nurse delegating the act;

(ii) Be such that, in the opinion of the licensed practical nurse or registered nurse, it can be properly and safely performed by the unlicensed person without jeopardizing the patient welfare;

(iii) Be acts that a reasonable and prudent licensed practical nurse or registered nurse would find are within the scope of sound nursing judgment.

(b) Nursing acts delegated by the licensed practical nurse or registered nurse shall not require the unlicensed person to exercise nursing judgment nor perform acts which must only be performed by a licensed practical nurse or registered nurse, except in an emergency situation (RCW 18.79.240 (1)(b) and (2)(b)).

(c) When delegating a nursing act to an unlicensed person it is the licensed practical nurse or the registered nurse who shall:

(i) Make an assessment of the patient's nursing care need before delegating the task;

(ii) Instruct the unlicensed person in the delegated task or verify competency to perform or be assured that the person is competent to perform the nursing task as a result of the systems in place by the health care agency;

(iii) Recognize that some nursing interventions require nursing knowledge, judgment, and skill and therefore may not lawfully be delegated to unlicensed persons.

(8) "Faculty" means persons who are responsible for the educational nursing program and who hold faculty appointment in the school.

(9) "Full approval" of a school of nursing is the approval signifying that a nursing program meets the requirements of the law and the rules and regulations of the commission.

(10) "Good cause" as used in WAC 246-840-860 for extension of a nurse technician registration means that the nurse technician has had undue hardship such as difficulty scheduling the examination through no fault of their own, receipt of the examination results after thirty days after the nurse technician's date of graduation, or an unexpected family crisis which caused him or her to delay sitting for the examination. Failure of the examination is not "good cause."

(11) "Good standing" as applied to a nursing technician, means the nursing technician is enrolled in a registered nursing program approved by the commission and is successfully meeting all program requirements.

(12) "Immediately available" as applied to nursing technicians, means that a registered nurse who has agreed to act as supervisor is on the premises and is within audible range and available for immediate response as needed. This may include the use of two-way communication devices which allow conversation between the nursing technician and a registered nurse who has agreed to act as supervisor.

(a) In a hospital setting, a registered nurse who has agreed to act as supervisor is on the same patient care unit as the nursing technician and the patient has been assessed by the registered nurse prior to the delegation of duties to the nursing technician.

(b) In a nursing home setting, a registered nurse who has agreed to act as supervisor is in the same building and on the same floor as the nursing technician and the patient has been assessed by the registered nurse prior to the delegation of duties to the nursing technician.

(13) "Initial approval" of nursing programs is the approval given a new nursing program based on its proposal prior to the graduation of its first class.

(14) "Limited educational authorization" is an authorization to perform clinical training through a commission approved refresher course. This authorization does not permit practice for employment. A limited educational authorization may be issued to:

(a) A person whose Washington state license has been expired or inactive for three years or more and who applies for reinstatement and enrolls in a refresher course; or

(b) An applicant endorsing from another state or territory if the applicant's license from that jurisdiction is on inactive or expired status. The applicant must be enrolled in a refresher course.

(15) "Minimum standards of competency" means the knowledge, skills and abilities that are expected of the beginning practitioner.

(16) "Nontraditional program of nursing" means a school that has a curriculum which does not include a faculty supervised teaching/learning component in clinical settings.

(17) "Nurse administrator" is an individual who meets the qualifications contained in WAC 246-840-555 and who has been designated as the person primarily responsible for the direction of the program in nursing. Titles for this position may include, among others, dean, director, coordinator or chairperson.

(18) "Nursing technician" means a nursing student preparing for registered nurse licensure who is employed in a hospital licensed under chapter 70.41 RCW or a nursing home licensed under chapter 18.51 RCW, and who:

(a) Is currently enrolled in good standing and attending a nursing program approved by the commission and has not graduated; or

(b) Is a graduate of a nursing program approved by the commission who graduated:

(i) Within the past thirty days; or

(ii) Within the past sixty days and has received a determination that there is good cause to continue the registration period.

(c) Approved schools for nursing technicians include the list of registered nursing programs (schools) approved by state boards of nursing as preparation for the NCLEX registered nurse examination, and listed in the NCLEX bulletin as meeting minimum standards. Approved schools do not include nontraditional schools as defined in subsection (16) of this section.

(19) "Philosophy" means the beliefs and principles upon which the curriculum is based.

(20) "Program" means a division or department within a state supported educational institution, or other institution of higher learning charged with the responsibility of preparing persons to qualify for the licensing examination.

(21) "Registered nurse" as used in these rules shall mean a nurse as defined by RCW 18.79.030(1).

(22) "Supervision" of licensed or unlicensed nursing personnel means the provision of guidance and evaluation for the accomplishment of a nursing task or activity with the initial direction of the task or activity; periodic inspection of the actual act of accomplishing the task or activity; and the authority to require corrective action.

(a) "Direct supervision" means the licensed registered nurse who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is quickly and easily available, and has assessed the patient prior to the delegation of the duties.

(b) "Immediate supervision" means the licensed registered nurse who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is within audible and visual range of the patient, and has assessed the patient prior to the delegation of duties.

(c) "Indirect supervision" means the licensed registered nurse who provides guidance to nursing personnel and evaluation of nursing tasks is not on the premises but has given either written or oral instructions for the care and treatment of the patient and the patient has been assessed by the registered nurse prior to the delegation of duties.

(23) "Traditional program of nursing" means a program that has a curriculum which includes a faculty supervised teaching/learning component in clinical settings.

[Statutory Authority: RCW 18.79.010 and 18.79.110. 10-24-047, § 246-840-010, filed 11/24/10, effective 1/1/11. Statutory Authority: RCW 18.79.110. 08-11-019, § 246-840-010, filed 5/12/08, effective 6/12/08. Statutory Authority: Chapter 18.79 RCW and 2003 c 258. 04-13-053, § 246-840-010, filed 6/11/04, effective 6/11/04. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-010, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-010, filed 6/18/97, effective 7/19/97.]

WAC 246-840-020 Credentials issued to nurses in Washington. The following credentials are issued to nurses in Washington.

(1) Active status license. A license is issued upon completion of all requirements for licensure. The license holder may use the title licensed practical nurse or registered nurse and the use of its abbreviation, LPN or RN. The license allows practice as a licensed practical nurse or registered nurse in the state of Washington. See WAC 246-840-201 through 246-840-207 for continuing competency program requirements.

A student who has graduated from a basic professional nursing course and who is pursuing a baccalaureate degree in nursing, an advanced degree in nursing or an advanced certification in nursing must hold an active Washington RN license before participating in the practice of nursing as required to fulfill the learning objectives in a clinical course.

(2) Inactive status license. A license issued to a person previously holding an active license in this state, is in good standing, and does not practice in Washington state. Refer to chapter 246-12 WAC, Part 4.

(3) Advanced registered nurse practitioner (ARNP) license. An ARNP license may be issued to any person who meets the requirements of the commission as contained in WAC 246-840-300 through 246-840-365. Only persons holding this license have the right to use the title "advanced registered nurse practitioner" or the abbreviation "ARNP" or any title or abbreviation which indicates that the person is entitled to practice at an advanced and specialized role as a nurse practitioner, a nurse midwife, or a nurse anesthetist. The ARNP may engage in the scope allowed for his or her area of national certification as approved by the commission. The license is valid only with a current registered nurse license. The ARNP's scope of practice is defined by national certification standards and approved by the commission.

[Statutory Authority: RCW 18.79.010 and 18.79.110. 10-24-047, § 246-840-020, filed 11/24/10, effective 1/1/11. Statutory Authority: RCW 18.79.110. 08-11-019, § 246-840-020, filed 5/12/08, effective 6/12/08; 99-10-079, § 246-840-020, filed 5/4/99, effective 6/4/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-020, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-020, filed 6/18/97, effective 7/19/97.]

WAC 246-840-025 Initial licensure for registered nurses and practical nurses—Commission approved Washington state nursing education program. Registered nursing and practical nursing applicants' educated in a commission approved Washington state nursing education program and applying for initial licensure must:

(1) Successfully complete a commission approved nursing education program. For applicants from a commission approved registered nurse program who are applying for a practical nurse license:

(a) Complete all course work required of commission approved practical nurse programs as listed in WAC 246-840-575(2). Required courses not included in the registered nurse program may be accepted if the courses were obtained through a commission approved program.

(b) Be deemed as capable to safely practice within the scope of practice of a practical nurse by the nurse administrator of the candidate's program.

(2) Complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(3) Successfully pass the commission approved licensure examination as provided in WAC 246-840-050. Testing may be allowed upon receipt of a certificate of completion from the administrator of the nursing education program.

(4) Submit the following documents:

(a) A completed licensure application with the required fee as defined in WAC 246-840-990.

(b) An official transcript sent directly from the applicant's nursing education program to the commission. The transcript must include course names and credits accepted from other programs. Transcripts must be received within ninety days of the applicant's first taking of the examination. The transcript must show:

(i) The applicant has graduated from an approved nursing program or has successfully completed the prelicensure portion of an approved graduate-entry registered nursing program; or

(ii) That the applicant has completed all course work required in a commission approved practical nurse program as listed in WAC 246-840-575(2).

(c) Applicants from a commission approved registered nurse program who are applying for a practical nurse license must also submit an attestation sent from the nurse administrator of the candidate's nursing education program indicating that the applicant is capable to safely practice within the scope of practice of a practical nurse.

[Statutory Authority: RCW 18.79.110. 08-11-019, § 246-840-025, filed 5/12/08, effective 6/12/08.]

WAC 246-840-030 Initial licensure for registered nurses and practical nurses—Out-of-state traditional nursing education program approved by another United States nursing board. Registered nursing and practical nursing applicants educated in a traditional nursing education program approved by another United States nursing board and applying for initial licensure must:

(1) Successfully complete a board approved nursing education program. Applicants from a board approved registered nurse program who are applying for a practical nurse license:

(a) Complete all course work required of board approved practical nurse programs as listed in WAC 246-840-575(2). Required courses not included in the registered nurse program may be accepted if the courses were obtained through a commission approved program.

(b) Be deemed as capable to safely practice within the scope of practice of a practical nurse by the nurse administrator of the applicant's nursing education program.

(2) Complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(3) Successfully pass the commission approved licensure examination as provided in WAC 246-840-050.

(4) Submit the following documents:

(a) A completed licensure application with the required fee as defined in WAC 246-840-990.

(b) An official transcript sent directly from the applicant's nursing education program to the commission. The transcript must include course names and credits accepted from other programs. The transcript must show:

(i) The applicant has graduated from an approved nursing program or has successfully completed the prelicensure portion of an approved graduate-entry registered nursing program; or

(ii) That the applicant has completed all course work required in a commission approved practical nurse program as listed in WAC 246-840-575(2).

(c) Applicants from a board approved registered nurse program who are applying for a practical nurse license must also submit an attestation sent from the nurse administrator of the applicant's nursing education program indicating that the applicant is capable to safely practice within the scope of practice of a practical nurse.

[Statutory Authority: RCW 18.79.110. 08-11-019, § 246-840-030, filed 5/12/08, effective 6/12/08. Statutory Authority: Chapter 18.79 RCW. 99-01-098, § 246-840-030, filed 12/17/98, effective 1/17/99. Statutory Authority: RCW 18.79.160. 97-17-015, § 246-840-030, filed 8/8/97, effective 9/8/97.]

WAC 246-840-035 Initial licensure for registered nurses—Out-of-state nontraditional nursing education program approved by another United States nursing board as defined by WAC 246-840-010(16). Registered nursing applicants educated in a nontraditional nursing education program approved by a United States board of nursing and applying for initial licensure must:

(1) Successfully complete the board or commission approved practical nurse program which included multiple clinical experiences supervised by nursing faculty and possess a current Washington state practical nurse license which is in good standing. The commission may verify that this requirement is met through review of documents previously submitted to the commission.

(2) Successfully complete a board approved nontraditional registered nursing program.

(3) Complete at least two hundred hours of supervised clinical experience (preceptorship) in the role of a registered nurse. The preceptorship must be accomplished within six months following completion of the applicant's nursing education program. The required elements of a preceptorship are:

(a) Clinical sites may include acute care or subacute care settings or skilled nursing facilities. Other sites must be approved by the commission.

(b) The preceptor must be a licensed registered nurse with at least two years experience in a clinical practice setting

that is the same type of practice setting where the preceptorship will occur.

(c) The preceptor shall not have a history of disciplinary actions.

(d) There must be a written agreement between the applicant and the preceptor (or facility) that preceptorship supervision will occur. The written agreement shall state that the registered nurse agrees to act as preceptor and understands that the practical nurse is practicing under the preceptor's registered nurse license. The written agreement must be signed before the preceptorship begins.

(e) A checklist, on a form provided by the commission, must be completed by the preceptor indicating satisfactory completion by the applicant of identified skills.

(f) Skills performed by the applicant within the role of a registered nurse, under the immediate supervision of the RN preceptor, must include: Delegation and supervision, decision making and critical thinking, patient assessment and evaluation of care and communication with health team members.

(4) Complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(5) Successfully pass the commission approved registered nurse licensure examination.

(6) Submit the following documents:

(a) A completed licensure application with the required fee as described in WAC 246-840-990.

(b) An official transcript sent directly from the applicant's nursing education program to the commission. The transcript must contain adequate documentation to demonstrate that the applicant has graduated from an approved nursing program.

The transcripts shall include course names and credits accepted from other programs.

(c) Documentation of two hundred hours of supervised clinical experience that meet the requirements of subsection (3) of this section.

(d) Additional documentation as requested by the commission if the commission cannot verify the applicant's successful completion of a board or commission approved practical nurse program which included multiple clinical experiences supervised by nursing faculty.

[Statutory Authority: RCW 18.79.110. 08-11-019, § 246-840-035, filed 5/12/08, effective 6/12/08.]

WAC 246-840-045 Initial licensure for registered nurses and practical nurses who graduate from an international school of nursing. Registered nursing and practical nursing applicants educated in a jurisdiction which is not a member of the National Council of State Boards of Nursing and applying for initial licensure must:

(1) Successfully complete a basic nursing education program approved in that country.

(a) The nursing education program must be equivalent to the minimum standards prevailing for nursing education programs approved by the commission.

(b) Any deficiencies in the nursing program (theory and clinical practice in medical, psychiatric, obstetric, surgical and pediatric nursing) must be satisfactorily completed in a commission approved nursing program.

(2) Demonstrate English language proficiency by passing a commission approved English proficiency examination at a commission designated standard. Individuals from countries where English is the primary language and where nursing education (theory and clinical) is conducted in English will have this requirement waived.

(3) Complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(4) Successfully pass the commission approved licensure examination as provided in WAC 246-840-050.

(5) Submit the following documents:

(a) A completed licensure application with the required fee as defined in WAC 246-840-990.

(b) LPNs must submit an:

(i) Official transcript directly from the nursing education program or licensure agency in country where the applicant was educated or previously licensed.

Transcript must be in English or accompanied by an official English translation. If the applicant's original documents (education and licensing) are on file in another state or with an approved credential evaluating agency, the applicant may request that the state board or approved credential evaluating agency send copies directly to the commission in lieu of the originals.

The transcript must:

(A) Include the applicant's date of graduation and credential conferred.

(B) Describe the course names and credit hours completed.

(C) Document equivalency to the minimum standards in Washington state.

(ii) Documentation from a commission approved nursing program showing that any deficiency in theory and clinical practice in medical, psychiatric, obstetric, surgical and pediatric nursing has been satisfactorily completed.

(iii) Documents must show the applicant has passed a commission approved English proficiency examination at a commission designated standard. This documentation will not be required from individuals from countries where English is the primary language and where nursing education (theory and clinical) is conducted in English.

(c) RNs must submit:

(i) A certificate or credential from a commission approved credential evaluating service verifying that the educational program completed by the applicant is equivalent to registered nursing education in Washington state. This documentation will not be required for individuals who have passed the national licensing examination and are licensed as a registered nurse by another United States nursing board.

(ii) Documents showing the applicant has passed a commission approved English proficiency examination at a commission designated standard. This documentation will not be required for individuals from countries where English is the primary language or where nursing education, theory and clinical, is conducted in English.

[Statutory Authority: RCW 18.79.110. 08-11-019, § 246-840-045, filed 5/12/08, effective 6/12/08.]

WAC 246-840-050 Licensing examination. (1) The current series of the National Council of the State Boards of Nursing Registered Nurse (NCSBN) Registered Nurse or

Practical Nurse Licensing Examination (NCLEX-RN® or NCLEX-PN®) shall be the official examinations for nurse licensure.

(2) In order to be licensed in this state, all nurse applicants shall take and pass the National Council Licensure Examination (NCLEX-RN® or NCLEX-PN®).

(3) Only applicants who complete the education, experience, and application requirements of WAC 246-840-025, 246-840-030, 246-840-035 or 246-840-045 will be eligible for the examination.

(4) The commission will notify applicants who have filed the required application documents and met all qualifications of their eligibility to take the examination.

(5) Applicants must file an examination application directly to the testing service, along with the testing service's required fee.

(6) The executive director of the commission shall negotiate with NCSBN for the use of the NCLEX®.

(7) The examination shall be administered in accord with the NCSBN security measures and contract. All appeals of examination procedures and results shall be managed in accord with policies in the NCSBN contract.

[Statutory Authority: RCW 18.79.110. 08-11-019, § 246-840-050, filed 5/12/08, effective 6/12/08; 99-13-086, § 246-840-050, filed 6/14/99, effective 7/15/99. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-050, filed 6/18/97, effective 7/19/97.]

WAC 246-840-060 Results and retaking of examination. (1) The commission will notify applicants of the examination results by mail.

(2) Applicants who pass receive a license to practice as a practical nurse or registered nurse from the commission provided all other requirements are met.

(3) Applicants who fail the examination will receive a letter of notification from the commission, including information on retaking the examination. The applicant may retake the examination no sooner than forty-five days following the date of the last exam taken.

(4) The applicant's examination results will be maintained in his/her application file with the department of health.

[Statutory Authority: RCW 18.79.110. 08-11-019, § 246-840-060, filed 5/12/08, effective 6/12/08. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-060, filed 6/18/97, effective 7/19/97.]

WAC 246-840-090 Licensure for nurses by interstate endorsement. Registered nursing and practical nursing applicants for interstate endorsement as a nurse may be issued a license without examination provided the applicant meets the following requirements:

(1) The applicant has graduated and holds a credential from:

(a) A commission or state board approved program preparing candidates for licensure as a nurse; or

(b) Its equivalent as determined by the commission, which program must fulfill the minimum requirements for commission or state board approved registered nursing programs in Washington at the time of graduation.

(2) The applicant was originally licensed to practice as a nurse in another state or territory after passing a state approved examination.

(3) The applicant possesses a current active nursing license without discipline in another state or territory, or, possess an inactive or expired license in another state or territory and successfully complete a commission approved refresher course.

(a) An applicant whose license was inactive or expired must be issued a limited education authorization by the commission to enroll in the clinical portion of the refresher course.

(b) The limited education authorization is valid only while working under the direct supervision of a preceptor and is not valid for employment as a registered nurse.

(4) For RNs: If the applicant is a graduate of a nontraditional program in nursing and:

(a) Was licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant must document two hundred hours of preceptorship in the role of a registered nurse as defined in WAC 246-840-035 or at least one thousand hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory.

(b) Was not licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant must document at least one thousand hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory.

(5) Complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(6) Applicants must submit the following documents:

(a) A completed licensure application with the required fee as defined in WAC 246-840-990.

(b) An official transcript sent directly from the applicant's nursing education program to the commission.

(i) The transcript must contain adequate documentation to demonstrate that the applicant has graduated from an approved nursing program or has successfully completed the prelicensure portion of an approved graduate-entry registered nursing program.

(ii) The transcripts shall include course names and credits accepted from other programs.

(c) Verification of an original registered nurse license sent directly to the commission from the state or territory of original licensure. This document must include verification that the original licensure included passing a state examination or computerized verification from NurSYS®.

(d) Verification of a current active or expired nurse license in another state or territory sent directly to the commission from that state's or territory's licensure agency. Verification that the applicant has successfully completed a commission approved refresher course may be accepted if the applicant's out-of-state licensure is on inactive or expired status.

(e) For RNs: If the applicant is a graduate of a nontraditional program in nursing and:

(i) Was licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant must submit documentation of two hundred hours of preceptorship in the role of a registered nurse as defined in WAC 246-840-035 or at least one thousand hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory.

(ii) Was not licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant must submit documentation of at least one thousand hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory.

[Statutory Authority: RCW 18.79.110. 08-11-019, § 246-840-090, filed 5/12/08, effective 6/12/08; 99-13-086, § 246-840-090, filed 6/14/99, effective 7/15/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-090, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-090, filed 6/18/97, effective 7/19/97.]

WAC 246-840-095 Temporary practice permits. The nursing care quality assurance commission (NCQAC) conducts background checks on applicants to assure safe patient care. Completion of a fingerprint-based national background check may cause a delay in licensing.

(1) The NCQAC may issue a temporary practice permit to an applicant who holds an unrestricted, active license in another state which has substantially equivalent licensing standards to those in Washington. The applicant must not be subject to denial of a license or issuance of a conditional or restricted license.

(2) A temporary practice permit serves as a license to practice nursing during the time period specified on the permit.

(3) A temporary practice permit expires when:

(a) A license is granted;

(b) A notice of decision on application is mailed to the applicant, unless the notice of decision on application specifically extends the duration of the temporary practice permit; or

(c) One hundred eighty days after the temporary practice permit is issued.

If, at the expiration of the original temporary practice permit, the department has not received information from the fingerprint-based national background check, the NCQAC may renew the temporary practice permit for an additional one hundred eighty days.

(4) To receive a temporary practice permit, the applicant must:

(a) Submit the necessary application fee(s) and documentation for the license.

(b) Submit a completed national background check fingerprint card, if required.

(c) Meet all other requirements and qualifications for the license, except for the results from a fingerprint-based national background check, if required.

(d) Provide verification of holding an unrestricted nursing license from another state that has substantially equivalent licensing standards to those in Washington.

(e) Submit a separate application for a temporary practice permit.

[Statutory Authority: RCW 18.130.075 and 18.130.064. 10-07-015, § 246-840-095, filed 3/5/10, effective 4/5/10; 09-17-053, § 246-840-095, filed 8/13/09, effective 9/13/09.]

WAC 246-840-105 Brief adjudicative proceedings—Denials based on failure to meet education, experience, or examination prerequisites for licensure. The commission adopts RCW 34.05.482 and 34.05.485 through 34.05.494 for adjudicative proceedings requested by applicants, who are denied a license under chapter 18.79 RCW or chapter 246-840 WAC for failure to meet the education, experience, or examination prerequisites for licensure. The sole issue at the adjudicative proceeding shall be whether the applicant meets the education, experience, and examination prerequisites for the issuance of a license.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-105, filed 6/18/97, effective 7/19/97.]

WAC 246-840-111 Expired license. (1) If the license has expired for three years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If the license has expired for more than three years and the practitioner has been in active practice in another United States jurisdiction, the practitioner must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Meet the requirements of chapter 246-12 WAC, Part 2;

(c) Meet the continuing competency requirements of WAC 246-840-201 through 246-840-207.

(3) If the license has expired for more than three years and the practitioner has not been in active practice in another United States jurisdiction, the practitioner must:

(a) Successfully complete a commission approved refresher course. The practitioner will be issued a limited educational license to enroll in the refresher course. The limited educational license is valid only while working under the direct supervision of a preceptor and is not valid for employment as a licensed practical or registered nurse;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 18.79.010 and 18.79.110. 10-24-047, § 246-840-111, filed 11/24/10, effective 1/1/11. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-111, filed 2/13/98, effective 3/16/98.]

WAC 246-840-120 Inactive credential. (1) A practitioner may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

(2) Practitioners with an inactive credential for three years or less who wish to return to active status must meet the requirements of chapter 246-12 WAC, Part 4 and WAC 246-840-204.

(3) Practitioners with an inactive credential for more than three years, who have been in active practice in another United States jurisdiction, and wish to return to active status must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Meet the requirements of chapter 246-12 WAC, Part 4;

(c) Meet the requirements of WAC 246-840-201 through 246-840-207.

(4) Practitioners with an inactive credential for more than three years, who have not been in active practice in another United States jurisdiction, and wish to return to active status must:

(a) Successfully complete a commission approved refresher course. The practitioner will be issued a limited educational license to enroll in the refresher course. The limited educational license is valid only while working under the

direct supervision of a preceptor and is not valid for employment as a licensed practical or registered nurse;

(b) Meet the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 18.79.010 and 18.79.110. 10-24-047, § 246-840-120, filed 11/24/10, effective 1/1/11. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-120, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-120, filed 6/18/97, effective 7/19/97.]

WAC 246-840-130 Criteria for approved refresher course. (1) Philosophy, purpose and objectives.

(a) Philosophy, purpose and objectives of the course shall be clearly stated and available in written form. They shall be consistent with the definition of nursing as outlined in chapter 18.79 RCW.

(b) Objectives reflecting the philosophy shall be stated in behavioral terms and describe the capabilities and competencies of the graduate.

(2) Faculty.

(a) All nurse faculty shall hold a current license to practice as a registered nurse in the state of Washington.

(b) All faculty shall be qualified academically and professionally for their respective areas of responsibility.

(c) All faculty shall be qualified to develop and implement the program of study.

(d) Faculty shall be sufficient in number to achieve the stated program objectives.

(e) The maximum faculty to student ratio in the clinical area shall be 1 to 12. Exceptions shall be justified to and approved by the commission.

(3) Course content.

(a) The course content, length, methods of instruction and learning experiences shall be consistent with the philosophy and objectives of the course. Outlines and descriptions of all learning experiences shall be available in writing.

FOR PRACTICAL NURSE PROGRAMS:

(b) The course content shall consist of a minimum of sixty hours of theory content and one hundred twenty hours of clinical practice.

(c) The theory course content shall include, but not be limited to, a minimum of sixty hours in current basic concepts of:

(i) Nursing process;

(ii) Pharmacology;

(iii) Review of the concepts in the areas of:

(A) Practical nursing today including legal expectations;

(B) Basic communications and observational practices needed for identification, reporting, and recording patient needs; and

(C) Basic physical, biological, and social sciences necessary for practice; and

(iv) Review and updating of practical nursing knowledge and skills to include, but not be limited to, concepts of fundamentals, medical/surgical, parent/child, geriatric, and mental health nursing.

(d) The clinical course content shall include a minimum of one hundred twenty hours of clinical practice in the area(s) listed in (c) of this subsection. Exceptions shall be justified to and approved by the commission.

FOR REGISTERED NURSE PROGRAMS:

(e) The course content shall consist of a minimum of forty hours core course content, forty hours of specialty course content, and one hundred sixty hours of clinical practice in the specialty area.

(f) The core course content shall include, but not be limited to, a minimum of forty hours of theory in current basic concepts of:

(i) Nursing process;

(ii) Pharmacology;

(iii) Review of the concepts in the areas of:

(A) Professional nursing today including legal expectations;

(B) Basic communications and observational practices needed for identification, reporting, and recording patient needs; and

(C) Basic physical, biological and social sciences necessary for practice; and

(iv) Review and updating of basic nursing knowledge.

(g) The specialty course content shall include, but not be limited to, a minimum of forty hours of theory in current specialty nursing practice concepts of basic nursing related to the special area of interest such as surgical; pediatrics; obstetrics; psychiatric; acute, intensive, or extended care nursing; or community health nursing.

(h) The clinical course content shall include a minimum of one hundred sixty hours of clinical practice in the specialty area(s) listed in (c) and (d) of this subsection. Exceptions shall be justified to and approved by the commission.

FOR BOTH REGISTERED NURSE AND PRACTICAL NURSE PROGRAMS:

(4) Evaluation.

(a) Evaluation methods shall be used to measure the student's achievement of the stated theory and clinical objectives.

(b) The course shall be periodically evaluated by faculty and students.

(5) Admission requirements.

(a) Any person holding an inactive practical or registered nurse license in another state may apply for a limited educational license provided that the applicant meets the requirements of WAC 246-840-120.

(b) Requirements for admission shall be available in writing.

(c) All students shall hold a current valid license or hold (apply and be eligible for) a limited educational license approved by the commission.

(6) Records.

(a) Evidence that the student has successfully completed the course and met the stated objectives shall be kept on file.

(b) The refresher course provider shall submit a certification of successful completion of the course to the commission office.

(7) Refresher courses taken outside of the state of Washington shall be reviewed individually for approval by the commission prior to starting the course.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-130, filed 6/18/97, effective 7/19/97.]

DOCUMENTING CONTINUING COMPETENCY

WAC 246-840-201 Continuing competency purpose statement. Patients, families, and communities expect safe, competent, and compassionate nursing care. These rules establish a self-directed continuing competency program that includes participation in active practice, self-assessment and reflection, and continuing nursing education for registered nurses and licensed practical nurses, as a mechanism to help keep patients safe and improve nursing practice.

[Statutory Authority: RCW 18.79.010 and 18.79.110. 10-24-047, § 246-840-201, filed 11/24/10, effective 1/1/11.]

WAC 246-840-202 Continuing competency definitions. The definitions in this section apply throughout WAC 246-840-201 through 246-840-207 unless the context clearly requires otherwise.

(1) **Active nursing practice** means engagement in paid, unpaid, or volunteer activity performing acts requiring a nursing license as described in RCW 18.79.040, 18.79.050, or 18.79.060. Active nursing practice may include working as a nursing administrator, nursing quality manager, nursing policy officer, public health nurse, parish nurse, home health nurse, nursing educator, nursing consultant, nursing regulator or any practice requiring nursing knowledge and a nursing license.

(2) **Attestation** means the affirmation by signature of the nurse indicating compliance with the standards and terms of the continuing competency requirements.

(3) **Continuing competency** is the ongoing ability of a nurse to maintain, update and demonstrate sufficient knowledge, skills, judgment, and qualifications necessary to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice. A nurse achieves continuing competency through active practice, self-assessment and reflection, and continuing nursing education.

(4) **Continuing nursing education** refers to systematic professional learning experiences obtained after initial licensure designed to augment the knowledge, skills, and judgment of nurses and enrich nurses' contributions to quality health care and his or her pursuit of professional career goals. The education hours should relate to the nurse's area of professional practice or areas identified through self-assessment and reflection for professional growth and development. There are various types of continuing nursing education activities. Some involve participant attendance where the pace of the activity is determined by the provider who plans and schedules the activity. Others are designed for completion by the learner, independently, at the learner's own pace and at a time of the learner's choice. Continuing nursing education hours may be obtained through mentorship, certification, presentations, and specialty certification.

(5) **Review period** is three full licensing renewal cycles. For purposes of a compliance audit, the review period will be the three years preceding the audit form due date.

(6) **Self-assessment and reflection** means the process of the nurse assessing his or her active nursing practice to determine strengths and opportunities for new learning. The purpose of this process is for the nurse to assess and reflect on:

(a) Making patient safety a priority;

(b) Familiarity with current laws and rules related to nursing practice; and

(c) Existing knowledge and skills (e.g., infection prevention techniques, open communication, and clinical competency). Nurses complete the self-assessment and reflection process when selecting education and training opportunities in his or her nursing careers.

(7) **Technical assistance** means help provided by commission members or staff based on the needs of the nurse to comply with rules and regulations.

[Statutory Authority: RCW 18.79.010 and 18.79.110. 10-24-047, § 246-840-202, filed 11/24/10, effective 1/1/11.]

WAC 246-840-203 Continuing competency requirements—Active status. (1) Continuing competency applies to registered nurses and practical nurses licensed in Washington state who hold an active license. To renew an active license a registered nurse or a practical nurse must complete the following continuing competency requirements every three years:

(a) Document compliance with the continuing competency requirements every three years. Beginning January 1, 2014, and every three years thereafter, each nurse must sign an attestation on a form provided by the department of health declaring completion of the required active nursing practice and continuing nursing education hours. Each nurse will have a full three years to meet the requirements. The review period begins on the first birth date after receiving the initial license. Nursing practice means the performance of acts requiring substantial specialized nursing knowledge, judgment, and skills described under RCW 18.79.040, 18.79.050, and 18.79.060. For purposes of the continuing competency requirements, the commission recognizes "nursing practice" as being performance in either a paid or unpaid position requiring a nursing license.

(i) A minimum of five hundred thirty-one hours must be in active nursing practice, which may include working as a nursing administrator, nursing quality manager, nursing policy officer, public health nurse, parish nurse, home health nurse, nursing educator, nursing consultant, nursing regulator or any practice requiring nursing knowledge and a nursing license.

(ii) A minimum of forty-five hours must be in continuing nursing education.

(iii) Compliance audit is a review of documents to determine fulfillment of requirements. A continuing competency compliance audit requires a nurse to submit documents demonstrating five hundred thirty-one hours of active nursing practice and forty-five hours of continuing nursing education over a three-year review period.

(A) Continuing nursing education is defined as systematic professional learning experiences obtained after initial licensure designed to augment the knowledge, skills, and judgment of nurses and enrich nurses' contributions to quality health care and his or her pursuit of professional career goals.

(B) Continuing nursing education hours should relate to the nurse's area of professional practice or areas identified through reflection and self-assessment for professional growth and development.

(C) Continuing nursing education hours may be obtained through mentorship, certification, presentations, and specialty certification.

(D) Complete continuing nursing education. Each nurse must complete a minimum of forty-five hours of continuing nursing education in the previous three-year review period.

(E) There are various types of continuing nursing education activities. Some involve participant attendance where the pace of the activity is determined by the provider who plans and schedules the activity. Others are designed for completion by the learner, independently, at the learner's own pace and at a time of the learner's choice.

(F) One quarter credit equals ten to thirty hours. One semester credit equals fifteen to forty-five hours, depending on documentation from the educational institution.

(b) The hours may be accumulated in a single year or spread throughout the three-year review period.

(c) Nurses are encouraged to complete the self-assessment and reflection process when selecting education and training opportunities. This assessment and reflection is for the nurses' own professional development and professional competence. The assessment and reflection is not submitted to the commission.

(2) Failure to complete the attestation every three years may be grounds to deny the license or place the license on expired status according to WAC 246-12-010 (11)(b) and chapter 34.05 RCW.

[Statutory Authority: RCW 18.79.010 and 18.79.110. 10-24-047, § 246-840-203, filed 11/24/10, effective 1/1/11.]

WAC 246-840-204 Continuing competency requirements—Reactivation from expired status. (1) Beginning January, 2014, if a license has expired for three years or less, to return to active status a registered nurse or practical nurse must:

(a) Meet the requirements of WAC 246-12-040.

(b) Complete an attestation provided by the department indicating the intention to complete a minimum of one hundred seventy-seven hours of active nursing practice and fifteen hours of continuing nursing education within the first year following reactivation.

(2) A nurse renewing an expired license following a review period of less than three years will be audited at the end of the first year following reactivation and must provide documentation of completion of the one hundred seventy-seven active nursing practice hours and fifteen continuing nursing education hours upon renewal.

(3) If the practice hours and continuing nursing education hours required in subsection (1)(b) of this section are not completed within one year of reactivation a license will not be renewed without completion of a refresher course as outlined in WAC 246-840-130.

(4) If a license has expired for more than three years the registered nurse or practical nurse must comply with the requirements of WAC 246-840-111 (2) or (3).

[Statutory Authority: RCW 18.79.010 and 18.79.110. 10-24-047, § 246-840-204, filed 11/24/10, effective 1/1/11.]

WAC 246-840-205 Continuing competency requirements—Reactivation from inactive status. (1) Beginning January 1, 2014, if a license is inactive for less than three years to return to active status a registered nurse or practical nurse must:

(a) Meet the requirement of chapter 246-976 WAC, Part 4;

(b) Complete an attestation provided by the department indicating the intention to complete a minimum of one hundred seventy-seven practice hours of active nursing practice and fifteen continuing nursing education hours within the first year following reactivation.

(2) A nurse reactivating an inactive license following a period of less than three years will be audited and must provide documentation of completion of the one hundred seventy-seven active nursing practice hours and fifteen continuing nursing education hours upon renewal.

(3) If the practice hours and continuing nursing education hours required in subsection (1)(b) of this section are not completed within one year of reactivation a license will not be renewed without completion of a refresher course as outlined in WAC 246-840-130.

(4) If a license has been inactive for three years or more the registered nurse or practical nurse must comply with the requirements under RCW 18.79.230 and WAC 246-840-120 (3) or (4).

[Statutory Authority: RCW 18.79.010 and 18.79.110. 10-24-047, § 246-840-205, filed 11/24/10, effective 1/1/11.]

WAC 246-840-206 Continuing competency audit process and compliance. (1) The commission shall audit:

(a) All late renewals; and

(b) A percentage up to five percent of registered nurses and practical nurses renewing their license.

(2) The commission will send an audit form to the registered nurse or practical nurse at the address on record with the department.

(3) A registered nurse or practical nurse being audited will have thirty calendar days to complete and submit to the commission the audit form documenting five hundred thirty-one hours of active practice and forty-five hours of continuing nursing education.

(4) To document practice hours a licensed registered nurse or licensed practical nurse may provide:

(a) Verification from employers of hours worked;

(b) Pay stubs showing hours worked or end of year work hours and payment statements;

(c) Verification from an appropriate representative of the institution validating the hours by his or her signature;

(d) A statement including description of the practice setting, whether they were paid or unpaid, a description of duties and responsibilities and the signature of a supervisor. Unpaid practice means providing uncompensated services considered within the scope and domain of the nursing profession. Examples of unpaid practice include: A nurse volunteering time to a church such as a parish nurse or a nurse volunteering nursing services at a community clinic. There is a wide range of opportunities within the nursing profession to participate in unpaid service to the community;

(e) A log book documenting active nursing practice and the signature of a primary health care practitioner verifying the hours;

(f) Verification from an appropriate health care provider documenting the number of hours of home care for a friend or family member.

(5) To document continuing nursing education a registered nurse or a licensed practical nurse may provide:

(a) Certificates of satisfactory course completion and statement describing relevance to professional development plan goals;

(b) A current certificate from a nationally recognized certifying body;

(c) Meeting minutes or meeting attendance rosters documenting participation in professional nursing organizations or employer-sponsored committees;

(d) A final transcript or transcript of classes documenting current progress towards an advanced degree in a field related to nursing practice;

(e) Documentation of completion of a nursing research project as the principal investigator, coinvestigator, or project director. Documentation may include summary of findings, thesis, dissertation, abstract, or granting agency summary;

(f) Publication or submission for publication a health care related article, book chapter, or other scholarly work. Documentation may include a copy of submitted/published article or book chapter and research;

(g) Presentations on a health care or health care system-related topic. Documentation may include a program brochure, agenda, course syllabi or a letter from the offering provider identifying the nurse's participation;

(h) Documentation of independent study or research. Documentation may include a list of activities and time spent on completing these activities.

[Statutory Authority: RCW 18.79.010 and 18.79.110. 10-24-047, § 246-840-206, filed 11/24/10, effective 1/1/11.]

WAC 246-840-207 Failure to meet continuing competency requirements. (1) A licensed registered nurse or practical nurse must comply with the continuing competency requirements in WAC 246-840-203. A nurse may place his or her license on inactive status as outlined in WAC 246-12-090 if the nurse does not meet the continuing competency requirements. See WAC 246-840-205 for additional steps on reactivation from inactive status.

(2) The commission will send an audit form requesting documentation of the required continuing competency requirements to the registered nurse or practical nurse being audited at the address on record with the department.

(3) If the commission does not receive the required documentation within thirty calendar days of the commission's original request for documentation, a second request will be sent by the commission to the nurse at the address of record with the department.

(4) If the commission does not receive the required documentation within thirty calendar days following the second request, a third request will be sent to the address of record with the department.

(5) If the commission does not receive the required documentation thirty calendar days following the third letter, the commission shall place the license on inactive status.

(6) If the nurse's documentation does not match the hours in the attestation, technical assistance will be provided. Technical assistance may include providing information on the web site or at stakeholder meetings, and reviewing materials and offering assistance on the telephone.

(7) If the nurse cannot provide the required documentation, the nurse may place his or her license on inactive status according to WAC 246-12-090.

(8) If the nurse repeatedly fails to demonstrate continuing competency according to these rules, the nurse may be charged with unprofessional conduct under RCW 18.130.-180, and appropriate disciplinary action will be taken which may include license suspension. License suspension may only occur after a hearing as provided in chapter 34.05 RCW.

[Statutory Authority: RCW 18.79.010 and 18.79.110. 10-24-047, § 246-840-207, filed 11/24/10, effective 1/1/11.]

ADVANCED PRACTICE

WAC 246-840-300 Advanced registered nurse practitioner (ARNP) scope of practice. (1) A licensed advanced registered nurse practitioner (ARNP) is a registered nurse prepared in a formal educational program to assume primary responsibility for continuous and comprehensive management of a broad range of patient care, concerns and problems.

(2) The ARNP is prepared and qualified to assume primary responsibility and accountability for the care of patients.

(3) ARNP practice is grounded in nursing and incorporates the use of independent judgment as well as collaborative interaction with other health care professionals when indicated in the assessment and management of wellness and health conditions as appropriate to the ARNP's area of practice and certification.

(4) The ARNP functions within his or her scope of practice according to the commission approved certification program and standards of care developed by professional organizations.

(5) The ARNP shall obtain instruction, supervision, and consultation as necessary before implementing new or unfamiliar techniques or practices.

(6) Performing within the scope of the ARNP's knowledge, experience and practice, the licensed ARNP may perform the following:

(a) Examine patients and establish diagnoses by patient history, physical examination and other methods of assessment;

(b) Admit, manage and discharge patients to and from health care facilities;

(c) Order, collect, perform and interpret diagnostic tests;

(d) Manage health care by identifying, developing, implementing and evaluating a plan of care and treatment for patients;

(e) Prescribe therapies and medical equipment;

(f) Prescribe medications when granted authority under this chapter;

(g) Refer patients to other health care practitioners, services or facilities; and

(h) Perform procedures or provide care services that are within the scope of practice according to the commission approved certification program.

[Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. 09-01-060, § 246-840-300, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.110 and 18.79.050. 00-21-119, § 246-840-

300, filed 10/18/00, effective 11/18/00. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-300, filed 6/18/97, effective 7/19/97.]

WAC 246-840-302 ARNP designations, certification and approved certification examinations. (1) ARNP designations recognized by the commission include:

(a) Nurse practitioner (NP);

(b) Certified nurse-midwife (CNM); and

(c) Certified registered nurse anesthetist (CRNA).

(2) An ARNP must maintain current certification by an accredited certifying body as identified in subsection (3) of this section. An ARNP license becomes invalid when the certification expires.

(3) The commission approved certification examinations include those approved by the National Commission on Certifying Agencies or the American Boards of Nursing Specialties from the following programs:

(a) For NP designation, NP exams from:

(i) American Academy of Nurse Practitioners;

(ii) American Nurses Credentialing Center;

(iii) National Certification Corporation for Obstetric, Gynecological, and Neonatal Nursing; and

(iv) Pediatric Nursing Certification Board.

(b) For CNM designation, the CNM exam from American Midwifery Certification Board.

(c) For CRNA designation, the CRNA exam from Council on Certification of Nurse Anesthetists.

(4) An ARNP may choose to limit his or her area of practice within the commission approved certification program area of practice.

(5) If an ARNP is recognized in more than one certification area, he or she must obtain and maintain education, training and practice in each area.

[Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. 09-01-060, § 246-840-302, filed 12/11/08, effective 1/11/09.]

WAC 246-840-304 Certification and certification program requirements. (1) Certification is a form of credentialing, under sponsorship of a commission approved certifying body that recognizes advanced nursing practice in one of the three ARNP designations identified in WAC 246-840-302(1): Nurse practitioner (NP); certified nurse midwife (CNM); or certified registered nurse anesthetist (CRNA).

(2) A certification program must:

(a) Ensure that examinations are based on a scope of practice statement that denotes the dimension and boundary, the focus, and the standards of advanced nursing practice in the area of certification. The examination must:

(i) Measure the theoretical and clinical content denoted in the scope of practice; and

(ii) Be developed in accordance with generally accepted standards of validity and reliability.

(b) Require completion of a graduate program of study in the area of certification. The graduate program must:

(i) Be based on measurable objectives that relate directly to the scope of practice;

(ii) Include theoretical and clinical content directed to the objectives; and

(iii) Be equivalent to at least one academic year and include at least five hundred hours of clinical practice under the supervision of preceptors.

(c) Meet the criteria of the National Commission on Certifying Agencies or the American Boards of Nursing Specialties.

[Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. 09-01-060, § 246-840-304, filed 12/11/08, effective 1/11/09.]

WAC 246-840-310 Use and protection of professional titles. (1) Any person who holds a license to practice as an ARNP shall have the right to use the title "advanced registered nurse practitioner" or "nurse practitioner" and the abbreviation following the nurse's name shall read "ARNP" or "NP."

(2) The ARNP may also use the title or abbreviation designated by the approved certifying body.

(3) No other person shall assume such titles or use such abbreviations.

[Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. 09-01-060, § 246-840-310, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.110 and 18.79.050. 00-21-119, § 246-840-310, filed 10/18/00, effective 11/18/00. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-310, filed 6/18/97, effective 7/19/97.]

WAC 246-840-311 ARNP previously adopted specialties. (1) On the effective date of this rule, an ARNP holding a license under one or more of the following certification categories may continue to renew his or her license:

(a) Community health nurse;

(b) Maternal/GYN/neonatal nurse;

(c) Medical/surgical nursing;

(d) Occupational health nurse;

(e) Neurosurgical nursing;

(f) Enterostomal therapy; or

(g) Psychiatric mental health clinical nurse specialist.

(2) Any lapse in certification identified in subsection (1)(a) through (g) of this section will result in an invalid ARNP license. The license will not be renewed.

(3) The commission will not accept initial ARNP licensure applications from individuals certified in the categories identified in subsection (1)(a) through (g) of this section.

[Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. 09-01-060, § 246-840-311, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.110. 02-20-077, § 246-840-311, filed 9/30/02, effective 10/31/02.]

WAC 246-840-340 ARNP application requirements for new graduates of advanced registered nurse programs. (1) An applicant for licensure as an ARNP must meet the following requirements:

(a) Hold a registered nurse license in the state of Washington that is not subject to sanctions or restrictions by the commission;

(b) Have graduated from an advanced nursing education program within the past year;

(i) For new graduates of advanced nursing education programs in the United States, the program must be accredited by a nursing or nursing-related accrediting organization recognized by the United States Department of Education (USDE) or the Council of Higher Education Accreditation (CHEA);

(ii) For new graduates of advanced nursing education programs outside the United States, the program must be

equivalent to the advanced registered nurse education in Washington; and

(c) Hold certification from a commission approved certification program as identified in WAC 246-840-302.

(2) An applicant for ARNP licensure must:

(a) Apply for Washington state registered nurse licensure if not a current holder of the RN license;

(b) Submit a completed application to the commission;

(c) Submit the license fee as specified in WAC 246-840-990;

(d) Request the commission approved certification program as identified in WAC 246-840-302(3) to send official documentation of certification directly to the commission;

(e) Request the advanced nursing educational program to send an official transcript directly to the commission showing all courses, grades, degree or certificate granted, official seal and appropriate registrar or program director's signature;

(f) Submit documentation from the graduate program director or faculty identifying the area of practice, unless the area of practice is clearly indicated on the official transcript;

(g) Submit program objectives and course descriptions when requested by the commission; and

(h) Request a certificate or credential from a commission approved credential evaluating service if the applicant is a new graduate educated outside the United States.

(3) The ARNP applicant may petition the commission for an exemption to the requirement that application for licensure occur within one year of graduation if the applicant has had undue hardship.

(a) Undue hardship includes difficulty scheduling for the approved certification examination through no fault of his or her own, natural disaster, or an unexpected health or family crisis which caused him or her to delay completing the certification examination.

(b) Undue hardship does not include failure of the examination.

(c) The ARNP applicant shall provide evidence as requested by the commission of any undue hardship.

[Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. 09-01-060, § 246-840-340, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-340, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-340, filed 6/18/97, effective 7/19/97.]

WAC 246-840-342 ARNP application requirements for licensed advanced practice nurse applicants from other states or jurisdictions. (1) An applicant who is currently licensed as an advanced practice nurse in another state or jurisdiction and who is applying for ARNP licensure in Washington, must meet the following requirements:

(a) Hold current registered nurse and advanced practice nurse licenses that are not subject to sanctions or restrictions by another state or jurisdiction licensing agency;

(b) Have graduated from an advanced nursing educational program that:

(i) Requires a minimum of one academic year for completion if graduated on or before December 31, 1994; or

(ii) Requires a graduate degree with a concentration in advanced nursing practice if graduated on or after January 1, 1995; or

(iii) Is equivalent to that leading to a graduate degree in advanced nursing practice if the formal educational program is taken after completion of the graduate degree;

(c) Have been practicing in direct patient care as a licensed nurse practitioner, certified nurse-midwife or certified nurse anesthetist in his or her state for at least two hundred fifty hours of direct patient services within the two years prior to the date of application for ARNP licensure; and

(d) Be currently certified as a nurse practitioner, nurse midwife or registered nurse anesthetist by a commission approved certification program as identified in WAC 246-840-302(3).

(2) An out-of-state applicant for ARNP licensure must:

(a) Apply for Washington state registered nurse licensure as identified in WAC 246-840-090;

(b) Submit a completed ARNP license application to the commission;

(c) Submit a license fee as specified in WAC 246-840-990;

(d) Request the commission approved certification program as identified in WAC 246-840-302(3) to send official documentation of certification directly to the commission;

(e) Request the advanced nursing educational program to send an official transcript directly to the commission showing all courses, grades, degree or certificate granted, official seal and appropriate registrar or program director's signature;

(f) Submit documentation from the graduate program director or faculty identifying the area of practice, unless the area of practice is clearly indicated on the official transcript;

(g) Submit educational program objectives and course descriptions when requested by the commission; and

(h) Submit evidence of at least two hundred fifty hours of direct patient care services as an advanced practice nurse within the two years prior to the date of application for ARNP licensure. The two hundred fifty hours may include teaching advanced nursing practice if the faculty member is providing patient care or serving as a preceptor.

[Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. 09-01-060, § 246-840-342, filed 12/11/08, effective 1/11/09.]

WAC 246-840-344 ARNP application requirements for advanced practice nurse applicants educated and licensed outside the United States. (1) Persons educated outside the United States who are currently licensed in their country as advanced registered nurse practitioners, registered nurse midwives or registered nurse anesthetists and who are applying for ARNP licensure in Washington, must meet the following requirements:

(a) Hold current registered nurse and ARNP licenses that are not subject to sanctions or restrictions by a foreign nurse licensing agency;

(b) Have a certificate or credential from a commission approved credential evaluating service verifying that the educational program completed by the applicant is equivalent to the advanced registered nurse education identified in WAC 246-840-455;

(c) Have been practicing in direct patient care as a licensed nurse practitioner, certified nurse midwife or certified nurse anesthetist in his or her country for at least two hundred fifty hours of direct patient services within the two years prior to the date of application for ARNP licensure; and

(d) Be certified as a nurse practitioner, nurse midwife or registered nurse anesthetist by a commission approved certification program.

(2) The applicant must:

(a) Obtain registered nurse licensure as identified in WAC 246-840-045;

(b) Submit a completed ARNP application to the commission;

(c) Submit the application fee as specified in WAC 246-840-990;

(d) Submit a certificate or credential from a commission approved credential evaluating service;

(e) Request the commission approved certification program as identified in WAC 246-840-302(3) to send official documentation of certification directly to the commission; and

(f) Submit evidence of at least two hundred fifty hours of direct patient care services as an advanced practice nurse within the two years prior to the date of application for ARNP licensure. The two hundred fifty hours may include teaching advanced nursing practice if the faculty member is providing patient care or serving as a preceptor.

[Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. 09-01-060, § 246-840-344, filed 12/11/08, effective 1/11/09.]

WAC 246-840-350 Application requirements for ARNP interim permit. (1) A registered nurse licensed in the state of Washington who has completed advanced graduate education and is scheduled for a commission approved certification examination may be issued an interim permit for advanced nursing practice pending notification of the results of the first certification examination. The holder of an ARNP interim permit must use the title graduate advanced registered nurse practitioner (GARNP).

(2) An applicant for ARNP interim permit must:

(a) Submit a completed application on a form provided by the commission;

(b) Submit a fee as specified in WAC 246-840-990;

(c) Submit an official transcript sent directly to the commission from the advanced nursing educational program showing all courses, grades, degree or certification granted, official seal and appropriate registrar or program director's signature;

(d) Submit educational program objectives and course descriptions when requested;

(e) Submit documentation from program director or faculty identifying the area of practice, unless the area of practice is clearly indicated on the official transcript; and

(f) Submit documentation of scheduled date for the first certification examination administered by a commission approved certification program following completion of advanced graduate education.

(3) The interim GARNP permit expires when advanced registered nurse practitioner status is granted. If the applicant fails the examination, the interim permit will expire upon notification of failure either at the test site or by mail and is not renewable.

(4) An applicant who does not complete the examination on the date scheduled must immediately return the permit to the commission.

(5) The interim permit authorizes the holder to practice as an ARNP, but does not include prescriptive authority.

[Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. 09-01-060, § 246-840-350, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-350, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-350, filed 6/18/97, effective 7/19/97.]

WAC 246-840-360 Renewal of ARNP license. (1) For ARNP license renewal, the applicant must have:

(a) An active registered nurse license in Washington;

(b) Maintained certification in area of practice from a commission approved certification program as identified in WAC 246-840-302;

(c) Obtained thirty contact hours of continuing education credit during the renewal period in each area of certification. ARNPs who have certification in more than one related area of practice may count the continuing education hours for more than one certification; and

(d) Practiced for at least two hundred fifty hours in clinical practice as an ARNP within the two-year licensing renewal cycle.

(i) Clinical practice includes the formulation, implementation and evaluation of plans of care for patients for whom ARNPs are responsible.

(ii) Clinical practice includes teaching advanced nursing practice if the faculty member is providing patient care or serving as a preceptor.

(2) The ARNP applicant must:

(a) Submit a renewal fee as specified in WAC 246-840-990;

(b) Submit evidence of current certification by the commission approved certification program in all areas of practice;

(c) Submit a written declaration, on forms provided by the commission, that he or she has completed thirty contact hours of continuing education during the renewal period in each area of certification;

(d) Submit a written declaration on forms provided by the commission, to having within the last two years, a minimum of two hundred fifty hours of independent clinical practice in the ARNP role;

(e) Submit evidence of completion of continuing education contact hours and independent clinical practice hours when requested by the commission; and

(f) Comply with the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. 09-01-060, § 246-840-360, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.110 and 18.79.050. 00-21-119, § 246-840-360, filed 10/18/00, effective 11/18/00. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-360, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-360, filed 6/18/97, effective 7/19/97.]

WAC 246-840-361 Continuing education for ARNP license renewal. The thirty contact hours of continuing education required for renewal of ARNP licensure must:

(1) Be acceptable to the commission approved certification program identified in WAC 246-840-302(3); and

(2) Be obtained from courses in which the contact hour is at least fifty minutes; and

(3) Not include the fifteen hours of continuing education required for ARNPs with prescriptive authority as identified in WAC 246-840-450 (1)(b); and

(4) Not include the same course taken more than once during the renewal cycle.

[Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. 09-01-060, § 246-840-361, filed 12/11/08, effective 1/11/09.]

WAC 246-840-365 Inactive credential. (1) An ARNP may apply for and renew an inactive credential as identified in chapter 246-12 WAC, Part 4.

(2) An ARNP may apply for an inactive credential if he or she meets the following criteria:

(a) Holds an active Washington state ARNP credential;

(b) Does not have any sanctions or restrictions issued on the current ARNP license; and

(c) Will not practice in Washington.

(3) Prior to returning to active status, the applicant must complete two hundred fifty hours for each two-year period of inactive license status for a maximum of one thousand hours of advanced clinical practice supervised by an ARNP or physician in the same practice area that the applicant is seeking licensure.

(a) The applicant must submit a written notification to the commission thirty days prior to the supervision experience identifying the name of the ARNP or physician who will be supervising the applicant.

(b) The supervising ARNP or physician must submit a written evaluation to the commission verifying that the applicant has successfully completed the required hours of supervised clinical practice and that the applicant's knowledge and skills are at a safe and appropriate level to practice as an ARNP.

(c) During the time of the supervision, the nurse will be practicing under his or her RN license and will not use the designation ARNP.

(4) A person with an inactive credential and who does not hold a current active advanced practice nursing license in any other United States jurisdiction, may return to active status. The applicant must:

(a) Meet the requirement identified in chapter 246-12 WAC, Part 4;

(b) Hold a registered nurse license in the state of Washington that is not subject to sanctions or restrictions;

(c) Submit a fee as identified in WAC 246-840-990;

(d) Submit evidence of current certification by the commission approved certification program identified in WAC 246-840-302(3);

(e) Submit a written declaration, on forms provided by the commission, of completion within the past two years of thirty contact hours of continuing education related to area of certification and practice; and

(f) Submit evidence of supervised advanced clinical practice.

(5) A person with an inactive credential and who has been in active practice in another United States jurisdiction may return to active status and must:

(a) Meet the requirements identified in chapter 246-12 WAC, Part 4;

(b) Meet the requirements of WAC 246-840-342; and

(c) Submit a fee as identified in WAC 246-840-990.

(6) To obtain prescriptive authority an applicant must apply as identified in WAC 246-840-410 once the ARNP license has been returned to active status.

[Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. 09-01-060, § 246-840-365, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-365, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-365, filed 6/18/97, effective 7/19/97.]

WAC 246-840-367 Expired license. (1) If an ARNP license has expired for two years or less, the practitioner must:

(a) Meet the requirements of chapter 246-12 WAC, Part 2;

(b) Meet ARNP renewal requirements identified in WAC 246-840-360; and

(c) Meet the prescriptive authority requirements identified in WAC 246-840-450 if renewing prescriptive authority.

(2) Prior to returning to active status, the applicant must complete two hundred fifty hours for each two-year period of expired license status for a maximum of one thousand hours of advanced clinical practice supervised by an ARNP or physician in the same practice area that the applicant is seeking licensure.

(i) The applicant must submit a written notification to the commission thirty days prior to the supervision experience identifying the name of the ARNP or physician who will be supervising the applicant.

(ii) The supervising ARNP or physician must submit a written evaluation to the commission verifying that the applicant has successfully completed the required hours of supervised clinical practice and that the applicant's knowledge and skills are at a safe and appropriate level to practice as an ARNP.

(iii) During the time of the supervision, the nurse will be practicing under his or her RN license and will not use the designation ARNP.

(3) If the ARNP license has expired for more than two years and the practitioner has not been in active practice in another United States jurisdiction, the practitioner must:

(a) Meet the requirements of chapter 246-12 WAC, Part 2;

(b) Submit evidence of current certification by the commission approved certification program identified in WAC 246-840-302(3);

(c) Submit a written declaration, on forms provided by the commission, of completion within the past two years of thirty hours of continuing education related to area of certification and practice; and

(d) Submit evidence of the supervised advanced clinical practice hours.

(4) If the ARNP license has expired for more than two years and the practitioner has been in active advanced nursing practice in another jurisdiction, the practitioner must:

(a) Meet the requirements of chapter 246-12 WAC, Part 2;

(b) Meet the requirements of WAC 246-840-342; and

(c) Submit verification of active practice from any other United States jurisdiction.

(5) If the license has expired for two or more years, applicants may apply for prescriptive authority as identified

in WAC 246-840-410 once the ARNP license has been returned to active status.

[Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. 09-01-060, § 246-840-367, filed 12/11/08, effective 1/11/09.]

WAC 246-840-400 ARNP prescriptive authority. (1) An ARNP licensed under chapter 18.79 RCW when authorized by the nursing commission may prescribe drugs, medical equipment and therapies pursuant to applicable state and federal laws.

(2) The ARNP when exercising prescriptive authority is accountable for competency in:

(a) Patient selection;

(b) Problem identification through appropriate assessment;

(c) Medication or device selection;

(d) Patient education for use of therapeutics;

(e) Knowledge of interactions of therapeutics, if any;

(f) Evaluation of outcome; and

(g) Recognition and management of complications and untoward reactions.

[Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. 09-01-060, § 246-840-400, filed 12/11/08, effective 1/11/09. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-400, filed 6/18/97, effective 7/19/97.]

WAC 246-840-410 Application requirements for ARNP prescriptive authority. (1) An ARNP who applies for prescriptive authority must:

(a) Have a current license as an ARNP in Washington that is not subject to sanctions or restrictions issued by the commission; and

(b) Complete thirty contact hours of education in pharmacotherapeutics related to the applicant's scope of practice within a two-year time period immediately prior to the date of application for prescriptive authority, unless the applicant has graduated within the past two years from a graduate program which meets the requirements identified in WAC 246-840-455 (11)(e).

The pharmacotherapeutic educational content shall include pharmacokinetic principles and their clinical application and the use of pharmacological agents in the prevention of illness, restoration, and maintenance of health.

(2) The ARNP applying for prescriptive authority must:

(a) Submit a completed application on a form provided by the commission;

(b) Submit a fee as specified in WAC 246-840-990; and

(c) Submit evidence of completion of thirty contact hours of education in pharmacotherapeutics related to the applicants scope of practice.

(3) If an ARNP does not apply for prescriptive authority within two years of graduation from the advanced practice program, an additional thirty contact hours of pharmacotherapeutics shall be required.

(4) An ARNP who applies for a new or additional ARNP designation must send proof of pharmacology content appropriate to each designation.

(5) The thirty contact hours of pharmacotherapeutic education shall be obtained from the following:

(a) Study within the advanced educational program; or

(b) Continuing education programs.

(6) Applicants who hold prescriptive authority from another state at the time of application may request an exemption to subsection (1)(b) and (2)(c) of this section if he or she provides evidence of at least two hundred fifty hours of independent advanced registered nurse practice with prescriptive authority in his or her scope of practice within the two years prior to application for prescriptive authority.

[Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. 09-01-060, § 246-840-410, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.110 and 18.79.050. 00-21-119, § 246-840-410, filed 10/18/00, effective 11/18/00. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-410, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-410, filed 6/18/97, effective 7/19/97.]

WAC 246-840-420 Authorized prescriptions by ARNP with prescriptive authority. (1) Prescriptions for drugs, medical equipment and therapies must comply with all applicable state and federal laws and be within the ARNP's scope of practice.

(2) The advanced registered nurse practitioner must sign all prescriptions and include the initials ARNP or NP.

(3) An ARNP may not, under RCW 18.79.240(1) and chapter 69.50 RCW, prescribe controlled substances in Schedule I.

(4) Any ARNP with prescriptive authority who prescribes controlled substances must be registered with the drug enforcement administration.

[Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. 09-01-060, § 246-840-420, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.240 and 2005 c 28. 06-01-102, § 246-840-420, filed 12/21/05, effective 1/21/06. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-420, filed 6/18/97, effective 7/19/97.]

WAC 246-840-450 Renewal of ARNP prescriptive authority. (1) ARNP prescriptive authority must be renewed at the time of renewal of the ARNP license. For renewal of ARNP prescriptive authority, the licensee must:

(a) Meet the requirements of WAC 246-840-360; and

(b) Provide a written declaration on forms provided by the commission of fifteen contact hours of continuing education during the renewal period in pharmacotherapeutics related to the licensee's scope of practice that are in addition to the thirty contact hours of continuing education required for renewal of the ARNP license as identified in WAC 246-840-360 (1)(c) and (2)(c) and 246-840-361; and

(c) Submit evidence of completion of continuing education contact hours when requested by the commission.

(2) If the licensee fails to renew his or her prescriptive authority prior to the expiration date, then the individual may not prescribe until the prescriptive authority is renewed and is subject to the late renewal fee specified in WAC 246-840-990 and chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. 09-01-060, § 246-840-450, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-450, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-450, filed 6/18/97, effective 7/19/97.]

WAC 246-840-451 Continuing education requirements for ARNP prescriptive authority. (1) The fifteen hours of pharmacotherapeutic continuing education must:

(a) Relate to the ARNP's scope of certification and scope of practice; and

(b) Be obtained from continuing education courses in which the contact hour time is not less than fifty minutes.

(2) The same course taken more than once during a reporting cycle shall be only counted once.

[Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. 09-01-060, § 246-840-451, filed 12/11/08, effective 1/11/09.]

WAC 246-840-455 Requirements for advanced registered nurse practice educational programs in Washington state. (1) Advanced nursing practice educational programs shall include content that culminates in a graduate degree with a concentration in advanced nursing practice as defined in WAC 246-840-010(2).

(2) Postmasters advanced nursing practice programs must meet all competencies designated for the ARNP role including clinical practica of no less than five hundred hours.

(3) The college or university graduate educational program shall have as its primary purpose the preparation of advanced practice nurses for roles as defined in WAC 246-840-300 and 246-840-302.

(4) Advanced nursing practice educational programs shall be accredited by a nursing or nursing-related accrediting organization recognized by the United States Department of Education (USDE) or the Council of Higher Education Accreditation (CHEA).

(5) Within ninety days from the effective date of this rule, existing accredited advanced practice educational programs shall submit to the commission current accreditation documentation from all accrediting bodies.

(6) Newly created advanced practice educational programs shall submit to the commission for review the following:

(a) Copies of the curricula within thirty days of sending the information to the accrediting agency;

(b) Other accreditation materials as requested by the commission; and

(c) Accreditation documentation from all accrediting agencies within thirty days from receipt of the report from the accreditation body.

(7) Advanced practice educational programs must submit to the commission for review the following:

(a) Accreditation documentation from all accrediting agencies, within thirty days from receipt of the report from the accreditation body; and

(b) For programs that are not fully accredited, the program must submit copies of self-evaluation report(s) and any interim report(s) provided to all nursing or nursing-related national accrediting agencies, at the time of notification from the accrediting agency that the program has not been fully accredited.

(8) Failure to submit curricula, self-evaluation report(s), interim report(s) or notice of accreditation reports and results as specified in subsections (5), (6) and (7) of this section, may result in the denial of ARNP initial licensure for the school's graduates until such time as the documentation is submitted.

(9) Advanced nursing practice educational programs shall meet the standards established by the national nursing or nursing-related accrediting agency.

(10) Failure to maintain accreditation status may result in denial of application of initial ARNP licensure for the school's graduates effective at the time in which the school became unaccredited.

(11) Advanced nursing practice educational course requirements shall include:

(a) Clinical and didactic course work that prepares the graduate to practice in the role of the ARNP consistent with the designation being sought for licensure;

(b) Advanced physiology/pathophysiology;

(c) Advanced health assessment;

(d) Diagnostic theory and management of health care problems;

(e) Advanced pharmacology which includes pharmacodynamics, pharmacokinetics, pharmacotherapeutics and pharmacological management of individual patients; and

(f) At least five hundred hours in direct patient care in the ARNP role with clinical preceptor supervision and faculty oversight.

[Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. 09-01-060, § 246-840-455, filed 12/11/08, effective 1/11/09.]

ADVANCED PRACTICE—PAIN MANAGEMENT

WAC 246-840-460 Pain management—Intent. These rules govern the use of opioids in the treatment of patients for chronic noncancer pain.

[Statutory Authority: RCW 18.79.400. 11-10-064, § 246-840-460, filed 5/2/11, effective 7/1/11.]

WAC 246-840-463 Exclusions. The rules adopted under WAC 246-840-460 through 246-840-493 do not apply to:

(1) The provision of palliative, hospice, or other end-of-life care; or

(2) The management of acute pain caused by an injury or surgical procedure.

[Statutory Authority: RCW 18.79.400. 11-10-064, § 246-840-463, filed 5/2/11, effective 7/1/11.]

WAC 246-840-465 Definitions. The definitions in this section apply in WAC 246-840-460 through 246-840-493 unless the context clearly requires otherwise.

(1) "Acute pain" means the normal, predicted physiological response to a noxious chemical, thermal, or mechanical stimulus and typically is associated with invasive procedures, trauma, and disease. It is generally time-limited, often less than three months in duration, and usually less than six months.

(2) "Addiction" means a primary, chronic, neurobiologic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include:

(a) Impaired control over drug use;

(b) Craving;

(c) Compulsive use; or

(d) Continued use despite harm.

(3) "Chronic noncancer pain" means a state in which noncancer pain persists beyond the usual course of an acute disease or healing of an injury, or that may or may not be

associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years.

(4) "Comorbidity" means a pre-existing or coexisting physical or psychiatric disease or condition.

(5) "Episodic care" means medical care provided by a provider other than the designated primary provider in the acute care setting, for example, urgent care or emergency department.

(6) "Hospice" means a model of care that focuses on relieving symptoms and supporting patients with a life expectancy of six months or less. Hospice involves an interdisciplinary approach to provide health care, pain management, and emotional and spiritual support. The emphasis is on comfort, quality of life and patient and family support. Hospice can be provided in the patient's home as well as freestanding hospice facilities, hospitals, nursing homes, or other long-term care facilities.

(7) "Morphine equivalent dose" means a conversion of various opioids to a morphine equivalent dose by the use of accepted conversion tables.

(8) "Multidisciplinary pain clinic" means a clinic or office that provides comprehensive pain management and may include care provided by multiple available disciplines, for example, physicians, osteopathic physicians, physician assistants, advanced registered nurse practitioners, physical therapists, occupational therapists, and other complementary therapies.

(9) "Palliative" means care that improves the quality of life of patients and their families facing life-threatening illness. With palliative care particular attention is given to the prevention, assessment, and treatment of pain and other symptoms, and to the provision of psychological, spiritual, and emotional support.

[Statutory Authority: RCW 18.79.400. 11-10-064, § 246-840-465, filed 5/2/11, effective 7/1/11.]

WAC 246-840-467 Patient evaluation. The advanced registered nurse practitioner shall obtain, evaluate, and document the patient's health history and physical examination in the health record prior to treating for chronic noncancer pain.

(1) The patient's health history shall include:

(a) Current and past treatments for pain;

(b) Comorbidities; and

(c) Any substance abuse.

(2) The patient's health history should include:

(a) A review of any available prescription monitoring program or emergency department-based information exchange; and

(b) Any relevant information from a pharmacist provided to advanced registered nurse practitioners.

(3) The initial patient evaluation shall include:

(a) Physical examination;

(b) The nature and intensity of the pain;

(c) The effect of the pain on physical and psychological function;

(d) Medications including indication(s), date, type, dosage, and quantity prescribed;

(e) A risk screening of the patient for potential comorbidities and risk factors using an appropriate screening tool. The screening should address:

(i) History of addiction;

(ii) Abuse or aberrant behavior regarding opioid use;

(iii) Psychiatric conditions;

(iv) Regular concomitant use of benzodiazepines, alcohol, or other central nervous system medications;

(v) Poorly controlled depression or anxiety;

(vi) Evidence or risk of significant adverse events, including falls or fractures;

(vii) Receipt of opioids from more than one prescribing practitioner or practitioner group;

(viii) Repeated visits to emergency departments seeking opioids;

(ix) History of sleep apnea or other respiratory risk factors;

(x) Possible or current pregnancy; and

(xi) History of allergies or intolerances.

(4) The initial patient evaluation should include:

(a) Any available diagnostic, therapeutic, and laboratory results; and

(b) Any available consultations.

(5) The health record shall be maintained in an accessible manner, readily available for review, and should include:

(a) The diagnosis, treatment plan, and objectives;

(b) Documentation of the presence of one or more recognized indications for the use of pain medication;

(c) Documentation of any medication prescribed;

(d) Results of periodic reviews;

(e) Any written agreements for treatment between the patient and the advanced registered nurse practitioner; and

(f) The advanced registered nurse practitioner's instructions to the patient.

[Statutory Authority: RCW 18.79.400. 11-10-064, § 246-840-467, filed 5/2/11, effective 7/1/11.]

WAC 246-840-470 Treatment plan. (1) The written treatment plan shall state the objectives that will be used to determine treatment success and shall include, at a minimum:

(a) Any change in pain relief;

(b) Any change in physical and psychosocial function; and

(c) Additional diagnostic evaluations or other planned treatments.

(2) After treatment begins the advanced registered nurse practitioner should adjust drug therapy to the individual health needs of the patient. Advanced registered nurse practitioners shall include indications for medication use on the prescription and require photo identification of the person picking up the prescription in order to fill. Advanced registered nurse practitioners shall advise the patient that it is the patient's responsibility to safeguard all medications and keep them in a secure location.

(3) Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

[Statutory Authority: RCW 18.79.400. 11-10-064, § 246-840-470, filed 5/2/11, effective 7/1/11.]

WAC 246-840-473 Informed consent. The advanced registered nurse practitioner shall discuss the risks and benefits of treatment options with the patient, persons designated

by the patient, or with the patient's surrogate or guardian if the patient is without health care decision-making capacity.

[Statutory Authority: RCW 18.79.400. 11-10-064, § 246-840-473, filed 5/2/11, effective 7/1/11.]

WAC 246-840-475 Written agreement for treatment. Chronic noncancer pain patients should receive all chronic pain management prescriptions from one advanced registered nurse practitioner and one pharmacy whenever possible. If the patient is at high risk for medication abuse, or has a history of substance abuse, or psychiatric comorbidities, the prescribing advanced registered nurse practitioner shall use a written agreement for treatment with the patient outlining patient responsibilities. This written agreement for treatment shall include:

(1) The patient's agreement to provide biological samples for urine/serum medical level screening when requested by the advanced registered nurse practitioner;

(2) The patient's agreement to take medications at the dose and frequency prescribed with a specific protocol for lost prescriptions and early refills;

(3) Reasons for which drug therapy may be discontinued (e.g., violation of agreement);

(4) The requirement that all chronic pain management prescriptions are provided by a single prescriber or multidisciplinary pain clinic and dispensed by a single pharmacy or pharmacy system;

(5) The patient's agreement to not abuse alcohol or use other medically unauthorized substances;

(6) A written authorization for:

(a) The advanced registered nurse practitioner to release the agreement for treatment to local emergency departments, urgent care facilities, and pharmacies; and

(b) Other practitioners to report violations of the agreement back to the advanced registered nurse practitioner;

(7) A written authorization that the advanced registered nurse practitioner may notify the proper authorities if he or she has reason to believe the patient has engaged in illegal activity;

(8) Acknowledgment that a violation of the agreement may result in a tapering or discontinuation of the prescription;

(9) Acknowledgment that it is the patient's responsibility to safeguard all medications and keep them in a secure location; and

(10) Acknowledgment that if the patient violates the terms of the agreement, the violation and the advanced registered nurse practitioner's response to the violation will be documented, as well as the rationale for changes in the treatment plan.

[Statutory Authority: RCW 18.79.400. 11-10-064, § 246-840-475, filed 5/2/11, effective 7/1/11.]

WAC 246-840-477 Periodic review. The advanced registered nurse practitioner shall periodically review the course of treatment for chronic noncancer pain, the patient's state of health, and any new information about the etiology of the pain. Generally, periodic reviews shall take place at least every six months. However, for treatment of stable patients with chronic noncancer pain involving nonescalating daily dosages of forty milligrams of a morphine equivalent dose (MED) or less, periodic reviews shall take place at least annually.

(1) During the periodic review, the advanced registered nurse practitioner shall determine:

(a) Patient's compliance with any medication treatment plan;

(b) If pain, function, or quality of life have improved or diminished using objective evidence, considering any available information from family members or other caregivers; and

(c) If continuation or modification of medications for pain management treatment is necessary based on the advanced registered nurse practitioner's evaluation of progress towards treatment objectives.

(2) The advanced registered nurse practitioner shall assess the appropriateness of continued use of the current treatment plan if the patient's progress or compliance with current treatment plan is unsatisfactory. The advanced registered nurse practitioner shall consider tapering, changing, or discontinuing treatment when:

(a) Function or pain does not improve after a trial period;

(b) There is evidence of significant adverse effects;

(c) Other treatment modalities are indicated; or

(d) There is evidence of misuse, addiction, or diversion.

(3) The advanced registered nurse practitioner should periodically review information from any available prescription monitoring program or emergency department-based information exchange.

(4) The advanced registered nurse practitioner should periodically review any relevant information from a pharmacist provided to the advanced registered nurse practitioner.

[Statutory Authority: RCW 18.79.400. 11-10-064, § 246-840-477, filed 5/2/11, effective 7/1/11.]

WAC 246-840-480 Long-acting opioids, including methadone. Long-acting opioids, including methadone, should only be prescribed by an advanced registered nurse practitioner who is familiar with its risks and use, and who is prepared to conduct the necessary careful monitoring. Special attention should be given to patients who are initiating such treatment. An advanced registered nurse practitioner prescribing long-acting opioids or methadone should have a one-time (lifetime) completion of at least four hours of continuing education relating to this topic.

[Statutory Authority: RCW 18.79.400. 11-10-064, § 246-840-480, filed 5/2/11, effective 7/1/11.]

WAC 246-840-483 Episodic care. (1) When evaluating patients for episodic care, such as emergency or urgent care, the advanced registered nurse practitioner should review any available prescription monitoring program, emergency department-based information exchange, or other tracking system.

(2) Episodic care practitioners should avoid providing opioids for chronic pain management. However, if opioids are provided, the episodic care practitioner should limit the use of opioids for a chronic noncancer pain patient to the minimum amount necessary to control the pain until the patient can receive care from a primary care practitioner.

(3) Prescriptions for opioids written by an episodic care practitioner shall include indications for use or the Interna-

tional Classification of Disease (ICD) code and shall be written to require photo identification of the person picking up the prescription in order to fill.

(4) If a patient has signed a written agreement for treatment and has provided a written authorization to release the agreement under WAC 246-840-475(6) to episodic care practitioners, then the episodic care practitioner should report known violations of the agreement back to the patient's treatment practitioner who provided the agreement for treatment.

[Statutory Authority: RCW 18.79.400. 11-10-064, § 246-840-483, filed 5/2/11, effective 7/1/11.]

WAC 246-840-485 Consultation—Recommendations and requirements. (1) The advanced registered nurse practitioner shall consider and document referring the patient for additional evaluation and treatment as needed to achieve treatment objectives. Special attention should be given to those chronic noncancer pain patients who are under eighteen years of age, or who are at risk for medication misuse, abuse, or diversion. The management of pain in patients with a history of substance abuse or with comorbid psychiatric disorders may require extra care, monitoring, documentation, and consultation with, or referral to, an expert in the management of such patients.

(2) The mandatory consultation threshold for adults is one hundred twenty milligrams morphine equivalent dose (MED)(oral). In the event an advanced registered nurse practitioner prescribes a dosage amount that meets or exceeds the consultation threshold of one hundred twenty milligrams MED (orally) per day, a consultation with a pain management specialist as described in WAC 246-840-493, is required, unless the consultation is exempted under WAC 246-840-487 or 246-840-490. Great caution should be used when prescribing opioids to children with chronic noncancer pain and appropriate referrals to a specialist is encouraged.

(a) The mandatory consultation shall consist of at least one of the following:

(i) An office visit with the patient and the pain management specialist;

(ii) A telephone consultation between the pain management specialist and the advanced registered nurse practitioner;

(iii) An electronic consultation between the pain management specialist and the advanced registered nurse practitioner; or

(iv) An audio-visual evaluation conducted by the pain management specialist remotely, where the patient is present with either the advanced registered nurse practitioner or a licensed health care practitioner designated by the advanced registered nurse practitioner or the pain management specialist.

(b) An advanced registered nurse practitioner shall document each mandatory consultation with the pain management specialist. Any written record of the consultation by the pain management specialist shall be maintained as a patient record by the specialist. If the specialist provides a written record of the consultation to the advanced registered nurse practitioner, the advanced registered nurse practitioner shall maintain it as part of the patient record.

(3) Nothing in this chapter shall limit any person's ability to contractually require a consultation with a pain management specialist as defined in WAC 246-840-493, at any time. For the purposes of WAC 246-840-460 through 246-840-493, "person" means an individual, a trust or estate, a firm, a partnership, a corporation (including associations, joint stock companies, and insurance companies), the state, or a political subdivision or instrumentality of the state, including a municipal corporation or a hospital district.

[Statutory Authority: RCW 18.79.400. 11-10-064, § 246-840-485, filed 5/2/11, effective 7/1/11.]

WAC 246-840-487 Consultation—Exemptions for exigent and special circumstances. An advanced registered nurse practitioner is not required to consult with a pain management specialist as described in WAC 246-840-493 when he or she has documented adherence to all standards of practice as defined in WAC 246-840-460 through 246-840-493 and when any one or more of the following conditions apply:

(1) The patient is following a tapering schedule;

(2) The patient requires treatment for acute pain which may or may not include hospitalization, requiring a temporary escalation in opioid dosage, with expected return to or below their baseline dosage level;

(3) The advanced registered nurse practitioner documents reasonable attempts to obtain a consultation with a pain management specialist and the circumstances justifying prescribing above one hundred twenty milligrams morphine equivalency dosage (MED) per day without first obtaining a consultation; or

(4) The advanced registered nurse practitioner documents the patient's pain and function is stable and the patient is on a nonescalating dosage of opioids.

[Statutory Authority: RCW 18.79.400. 11-10-064, § 246-840-487, filed 5/2/11, effective 7/1/11.]

WAC 246-840-490 Consultation—Exemptions for the advanced registered nurse practitioner. The advanced registered nurse practitioner is exempt from the consultation requirement in WAC 246-840-485 if one or more of the following qualifications are met:

(1) The advanced registered nurse practitioner is a pain management specialist under WAC 246-840-493;

(2) The advanced registered nurse practitioner has successfully completed, within the last two years, a minimum of twelve continuing education hours on chronic pain management approved by the profession's continuing education accrediting organization, with at least two of these hours dedicated to long acting opioids, to include methadone;

(3) The advanced registered nurse practitioner is a pain management practitioner working in a multidisciplinary chronic pain treatment center, or a multidisciplinary academic research facility; or

(4) The advanced registered nurse practitioner has a minimum three years of clinical experience in a chronic pain management setting, and at least thirty percent of his or her current practice is the direct provision of pain management care.

[Statutory Authority: RCW 18.79.400. 11-10-064, § 246-840-490, filed 5/2/11, effective 7/1/11.]

WAC 246-840-493 Pain management specialist. A pain management specialist shall meet one or more of the following qualifications:

(1) If a physician or osteopathic physician:

(a) Board certified or board eligible by an American Board of Medical Specialties-approved board (ABMS) or by the American Osteopathic Association (AOA) in physical medicine and rehabilitation, rehabilitation medicine, neurology, rheumatology, or anesthesiology; or

(b) Has a subspecialty certificate in pain medicine by an ABMS-approved board; or

(c) Has a certification of added qualification in pain management by the AOA; or

(d) A minimum of three years of clinical experience in a chronic pain management care setting; and

(i) Credentialed in pain management by an entity approved by the Washington state medical quality assurance commission for physicians or the Washington state board of osteopathic medicine and surgery for osteopathic physicians; and

(ii) Successful completion of a minimum of at least eighteen continuing education hours in pain management during the past two years; and

(iii) At least thirty percent of the physician's or osteopathic physician's current practice is the direct provision of pain management care or is in a multidisciplinary pain clinic.

(2) If a dentist: Board certified or board eligible in oral medicine or orofacial pain by the American Board of Oral Medicine or the American Board of Orofacial Pain.

(3) If an advanced registered nurse practitioner (ARNP):

(a) A minimum of three years of clinical experience in a chronic pain management care setting;

(b) Credentialed in pain management by a Washington state nursing care quality assurance commission-approved national professional association, pain association, or other credentialing entity;

(c) Successful completion of a minimum of at least eighteen continuing education hours in pain management during the past two years; and

(d) At least thirty percent of the ARNP's current practice is the direct provision of pain management care or is in a multidisciplinary pain clinic.

(4) If a podiatric physician:

(a) Board certified or board eligible in a specialty that includes a focus on pain management by the American Board of Podiatric Surgery, the American Board of Podiatric Orthopedics and Primary Podiatric Medicine, or other accredited certifying board as approved by the Washington state podiatric medical board; or

(b) A minimum of three years of clinical experience in a chronic pain management care setting; and

(c) Credentialed in pain management by a Washington state podiatric medical board, approved national professional association, pain association, or other credentialing entity; and

(d) Successful completion of a minimum of at least eighteen hours of continuing education in pain management during the past two years, and at least thirty percent of the podiatric physician's current practice is the direct provision of pain management care.

[Statutory Authority: RCW 18.79.400. 11-10-064, § 246-840-493, filed 5/2/11, effective 7/1/11.]

NURSING EDUCATION PROGRAMS

WAC 246-840-500 Philosophy governing approval of nursing education programs. While the commission herein has established minimum standards for approved schools of nursing, it believes that each school of nursing should have flexibility in developing and implementing its philosophy, purposes, and objectives. Such development and implementation should be based not only upon the minimum standards for approved schools of nursing, but also upon sound educational and professional principles for the preparation of registered and practical nurses to meet current and future nursing needs of the public. The commission believes that there must be congruence between the total program activities of the school of nursing and its stated philosophy, purpose and objectives.

The commission further believes that the minimum standards for approved schools of nursing can be useful to schools of nursing by promoting self-evaluation which may lead to program development and improvement.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-500, filed 10/16/95, effective 11/16/95.]

WAC 246-840-505 Purposes of commission approval of nursing education programs. The commission approves nursing education programs to:

(1) Assure preparation for the safe practice of nursing by setting minimum standards for nursing education programs preparing persons for licensure as registered nurses or practical nurses.

(2) Provide criteria for the development, evaluation, and improvement of new and established nursing education programs.

(3) Assure candidates are educationally prepared for licensure at the appropriate level of nursing practice.

(4) Facilitate interstate endorsement of graduates of commission approved programs of nursing.

[Statutory Authority: RCW 18.79.110 and 18.79.150. 05-12-058, § 246-840-505, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-505, filed 10/16/95, effective 11/16/95.]

WAC 246-840-510 Approval of initial (new) nursing education programs. (1) Application for program development. A postsecondary educational institution wishing to establish a program in nursing shall seek nursing commission approval to begin the process in the following manner:

(a) Submit to the commission a statement of intent to establish a nursing education program on a form provided by the commission, and a completed feasibility study that includes at least the following information:

(i) Nursing studies documenting the need for entry level nurses in the area;

(ii) Purposes and classification of the program;

(iii) Availability of qualified faculty;

(iv) Budgeted faculty positions;

(v) Availability of adequate clinical facilities for the program;

(vi) Availability of adequate academic facilities for the program;

(vii) Potential effect on other nursing programs in the area;

(viii) Evidence of financial resources adequate for the planning, implementation, and continuation of the program;

(ix) Anticipated student population; and

(x) Tentative time schedule for planning and initiating the program.

(b) Respond to the commission's request(s) for additional information.

(c) Receive or be denied nursing commission approval for program development.

(2) Program development. Upon approval for program development, the educational institution shall:

(a) Appoint a qualified nurse administrator and provide appropriate resources, consultants, and faculty to develop a proposed nursing education program.

(b) Prior to admission of students and with sufficient time for commission review, submit the proposed program plan that includes all of the following:

(i) Purpose and outcomes;

(ii) Organization and administration including the nurse administrator;

(iii) Resources, facilities, and services;

(iv) Policies and procedures for student selection, admission, progression, withdrawal and graduation, and record system;

(v) A plan for hiring and retaining faculty, including qualifications, responsibilities, organizational structure, and faculty/student ratio;

(vi) Curriculum, including course descriptions and course outlines;

(vii) Initial year and five-year sustaining budget;

(viii) Projected plans for the orderly expansion and ongoing evaluation of the program.

(c) Arrange a survey visit to the campus to clarify and amplify materials included in the written proposed program plan. The visit will be conducted by a representative of the commission before a decision regarding approval is rendered.

(d) Receive or be denied initial approval of the proposed nursing program.

(3) Initial approval.

(a) The program may only admit students if it has received initial approval by the commission;

(b) The school shall submit progress reports as requested by the commission; and

(c) Survey visits shall be scheduled as deemed necessary by the commission during the period of initial approval. A site survey, conducted by the commission, will determine whether graduates may test for the licensure examination (NCLEX)®.

(4) Full approval.

(a) A self-evaluation report of compliance with the standards for nursing education as identified in WAC 246-840-550 through 246-840-575, shall be submitted to the nursing commission within six months following graduation of the first class.

(b) The commission may conduct a survey visit to determine full approval of the program.

(c) The commission will review the self-evaluation report, survey reports and program outcome data in order to grant or deny full approval of the nursing education program under WAC 246-840-530(1).

[Statutory Authority: RCW 18.79.110 and 18.79.150. 05-12-058, § 246-840-510, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-510, filed 10/16/95, effective 11/16/95.]

WAC 246-840-515 Branch campus and distance learning nursing education programs. An approved nursing education program wishing to initiate or maintain an off-campus, extended or satellite nursing program must submit an initial plan and subsequent annual reports to the commission.

(1) The initial plan must demonstrate how:

(a) Faculty for the off-campus, extended or satellite program will meet the nursing education standards (WAC 246-840-570);

(b) The program will meet curriculum and academic standards of the main campus nursing education program;

(c) Adequate clinical facilities are available and meet the requirements of the program purpose and outcomes;

(d) Academic facilities and resources are comparable to those of the main program.

(2) The branch campus and distance learning education program must coordinate annual reports and site survey evaluations with administration at the main campus.

[Statutory Authority: RCW 18.79.110 and 18.79.150. 05-12-058, § 246-840-515, filed 5/26/05, effective 6/26/05.]

WAC 246-840-520 Ongoing evaluation and approval of nursing education programs. (1) To ensure continuing compliance with the statewide articulation plan and standards of nursing education, the commission will survey and reevaluate each nursing education program for continued approval every eight to ten years. More frequent evaluation, including a site visit may occur as deemed necessary by the commission or if requested by the nursing education program.

(2) Any proposed substantive nursing program change must be presented to the commission for approval at least three months prior to implementation. Substantive changes include, but are not limited to, changes in legal status, control, ownership, or resources of the institution; decreases in faculty below that which is required to staff clinical sections of WAC 246-840-570; changes in faculty composition whereby their expertise is not adequate to teach those areas of nursing described in WAC 246-840-575; and major curriculum revision or changes in the length of the program.

(3) The program must submit annual reports on forms provided by the commission and on the date specified.

EVALUATION OF A NURSING PROGRAM BY THE NATIONAL ACCREDITING BODY:

(4) The commission may accept accreditation by a commission-recognized national nursing accreditation body as evidence of compliance with the standards of nursing education programs. The nursing program must submit to the commission a copy of the self-evaluation report submitted to the national agency.

(a) Programs that seek accreditation from a commission recognized national nursing accreditation body shall file evi-

dence of that accreditation with the commission within thirty days of receiving the report from the accreditation body. The nursing program must file notice of any change in program accreditation status with the commission within thirty days of receipt of notice from the accreditation body. The commission shall grant full approval based upon evidence of accreditation for eight or ten years. Failure to submit notice of accreditation survey results within thirty days may result in a site visit or other sanctions as described in WAC 246-840-530.

(b) Programs holding approval based upon national accreditation must comply with WAC 246-840-550 through 246-840-575.

(c) The commission may grant full approval for a continuing period, not to exceed ten years to nursing programs with maximum continuing national accreditation.

(d) The program must submit any interim report requested by the national accrediting body to the commission.

(e) If the nursing program receives notice from the accrediting body addressing interim reports, notice must be sent to the commission within thirty days of receiving the report.

(f) If the program is accredited for less than maximum accreditation, then the program must provide the commission with a copy of the report addressing the items of noncompliance within thirty days of receipt from the accreditation body. The commission may require an additional report regarding noncompliance.

EVALUATION OF A NURSING PROGRAM BY THE COMMISSION:

(5) Programs that are not nationally accredited by a commission-recognized national nursing accreditation body are subject to a survey visit made by representative(s) of the commission on dates mutually agreeable to the commission and the nursing education program.

(a) The commission must notify the nurse administrator that a survey visit is required at least twelve months in advance of the visit.

(b) Prior to the survey visit a program shall submit a self-evaluation report that provides evidence of compliance with the standards of nursing education as identified in WAC 246-840-550 through 246-840-575.

(c) Within sixty days, and prior to commission consideration, a draft of the commission survey visit report will be made available to the school for review for corrections in statistical data and for response to issues raised.

(d) Following the commission's review and decision, the commission will send to the program nurse administrator, the president and vice-president for instruction written notification regarding approval of the program.

[Statutory Authority: RCW 18.79.110 and 18.79.150. 05-12-058, § 246-840-520, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-520, filed 10/16/95, effective 11/16/95.]

WAC 246-840-525 Commission action following survey visits. (1) When a matter directly concerning a nursing program is being considered by the commission, any commission member associated with the program may not participate in the deliberation or decision-making action of the commission.

(2) The commission shall evaluate each program in terms of its conformance to the nursing education standards in this chapter.

(3) Within thirty days of the commission's decision, the commission shall give written notice to the educational institution regarding its decision on the program's approval status including the nurse administrator, the president and vice-president for instruction.

(4) The commission shall grant continuing full approval to a nursing program that meets the requirements of the law and this chapter. Full approval may carry recommendations for improvement and for correcting deficiencies.

(5) If the commission determines that an approved nursing program is not maintaining the education standards required for approval, the commission shall give written notice specifying the deficiencies and shall designate the period of time in which the deficiencies must be corrected. The program's approval shall be withdrawn if a program fails to correct the deficiencies within the specified period of time in WAC 246-840-530.

[Statutory Authority: RCW 18.79.110 and 18.79.150. 05-12-058, § 246-840-525, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-525, filed 10/16/95, effective 11/16/95.]

WAC 246-840-530 Denial, conditional approval or withdrawal of approval. (1) The commission may deny full approval to new or ongoing programs if it determines that a nursing education program fails substantially to meet the standards for nursing education as contained in WAC 246-840-550 through 246-840-575.

(2) The commission may grant conditional approval to a nursing education program that has failed to meet the minimum standards contained in the law and this chapter.

(a) Conditions must be met within a designated time period and shall be specified in writing.

(b) A conditionally approved program shall be reviewed at the end of the designated time period. The review shall result in one of the following actions:

(i) Restoration of full approval;

(ii) Continuation of conditional approval for a specified period of time; or

(iii) Withdrawal of approval.

(3) The following situations may be cause for review and/or a site visit by the commission to determine if the minimum standards for nursing programs are being met:

(a) Complaints relating to violations of WAC 246-840-550 through 246-840-575.

(b) Denial, withdrawal or change of program accreditation status by a commission-recognized national nursing accreditation agency or general academic accreditation agency.

(c) Failure to obtain commission approval of changes that require approval of the commission under "program changes."

(d) Providing false or misleading information to students or the public concerning the nursing program.

(e) Violation of the rules or policies of the commission.

(f) Inability to secure or retain a qualified director or faculty, resulting in substandard supervision and teaching of students.

(g) Noncompliance with the program's stated purpose, objectives, policies, and curriculum resulting in unsatisfactory student achievement.

(h) Failure to provide clinical experiences necessary to meet the objectives of the nursing program.

(i) Faculty student ratio in direct patient care is greater than 1:10.

(j) Failure to maintain an average NCLEX® examination annual passing rate of eighty percent. If a program:

(i) Fails to maintain an average passing rate of eighty percent of first time writers for two consecutive years, the commission will send a letter asking for an assessment of the problem and a plan of correction.

(ii) Fails to maintain an average passing rate of eighty percent of first time writers for three consecutive years, the program must complete an assessment of possible problem areas within six months and the commission may conduct an evaluation visit. The commission may offer technical assistance.

(iii) Fails to maintain a passing rate of eighty percent for four out of five consecutive years, the commission will place the program on conditional approval and require an evaluation visit.

(4) The commission may withdraw approval from ongoing programs if it determines that a nursing education program fails to substantially meet the standards for nursing education as contained in WAC 246-840-550 through 246-840-575.

(5) All these actions shall be taken in accordance with the Administrative Procedure Act, chapter 34.05 RCW, and any applicable rules of the commission.

[Statutory Authority: RCW 18.79.110 and 18.79.150. 05-12-058, § 246-840-530, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-530, filed 10/16/95, effective 11/16/95.]

WAC 246-840-535 Reinstatement of approval. The commission may consider reinstatement of withdrawn approval of a nursing education program after six months and upon submission of satisfactory evidence that the program meets the standards of nursing education, WAC 246-840-550 through 246-840-575.

[Statutory Authority: RCW 18.79.110 and 18.79.150. 05-12-058, § 246-840-535, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-535, filed 10/16/95, effective 11/16/95.]

WAC 246-840-540 Appeal of commission decisions. A nursing education program deeming itself aggrieved by a decision of the commission affecting its approval status shall have the right to appeal the commission's decision in accordance with the provisions of chapter 18.79 RCW and the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-540, filed 6/18/97, effective 7/19/97. Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-540, filed 10/16/95, effective 11/16/95.]

WAC 246-840-545 Closing of an approved nursing education program. (1) Voluntary closing. When a governing institution decides to close a program it shall notify the commission in writing, stating the reason, plan, and date of intended closing. The governing institution may choose one of the following closing procedures:

(a) The program may continue until the last class enrolled is graduated if:

(i) The program continues to meet the standards for approval, WAC 246-840-550 through 246-840-575 until all of the enrolled students have graduated;

(ii) The date of closure is the date on the degree, diploma, or certificate of the last graduate; and

(iii) The governing institution notifies the commission in writing of the closing date; or

(b) The program may close after assisting in the transfer of students to other approved programs if:

(i) The program continues to meet the standards required for approval, WAC 246-840-550 through 246-840-575 until all students are transferred;

(ii) The governing institution submits to the commission a list of the names of students who have been transferred to approved programs and the date on which the last student was transferred; and

(iii) The date on which the last student was transferred shall be the closing date of the program.

(2) Closing as a result of withdrawal of approval. When the commission withdraws approval of a nursing education program, the governing institution shall comply with the following procedures:

(a) Students of the program shall be notified in writing of their status and options for transfer to an approved program.

(b) The program shall close after assisting in the transfer of students to other approved programs. The commission must establish a time frame for the transfer process.

(c) The governing institution shall submit to the commission a list of the names of students who have transferred to approved programs and the date on which the last student was transferred.

[Statutory Authority: RCW 18.79.110 and 18.79.150. 05-12-058, § 246-840-545, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-545, filed 10/16/95, effective 11/16/95.]

WAC 246-840-548 Standards and evaluation of nursing education. The nursing program shall meet minimum standards established by the commission as detailed in WAC 246-840-550 through 246-840-575.

The nursing program shall implement a written, comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and the input of faculty, students and consumers, and which incorporates continuing improvement.

[Statutory Authority: RCW 18.79.110 and 18.79.150. 05-12-058, § 246-840-548, filed 5/26/05, effective 6/26/05.]

WAC 246-840-550 Standard I. Purpose and outcomes for approved nursing education programs. The purpose and outcomes of the nursing education program shall be stated clearly and must be available in written form.

(1) The purpose and outcomes must be consistent with the definitions of nursing practice as outlined in RCW 18.79.040 and 18.79.060.

(2) The nursing education program shall have a purpose statement and outcomes that are consistent with the governing institution and with generally accepted standards of nurs-

ing practice appropriate for graduates of the type of nursing program offered.

[Statutory Authority: RCW 18.79.110 and 18.79.150. 05-12-058, § 246-840-550, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-550, filed 10/16/95, effective 11/16/95.]

WAC 246-840-555 Standard II. Organization and administration for approved nursing education programs. The nursing education program shall be an integral part of the accredited governing institution.

(1) The governing institution accreditation must be by a commission-approved accrediting body.

(2) The relationship of the nursing education program to other units within the governing institution must be clearly delineated.

(3) The nursing education program must be organized with clearly defined institutional authority and administrative responsibility for the nurse administrator.

(4) The nursing education faculty shall be involved in determining academic policies and procedures of the nursing program.

(5) The nursing education program must allow student participation in committees in the determination of program policies and procedures, curriculum planning and evaluation.

(6) The nursing education program shall be administered by a professionally and academically qualified registered nurse currently licensed in this state.

FOR PRACTICAL AND ASSOCIATE DEGREE PROGRAMS:

(a) In a program offering practical nursing education or associate degree, a minimum of:

(i) A minimum of a bachelor's of science in nursing (BSN) and a masters degree, (preferably in nursing) or a master's of science in nursing (MSN) from an accredited college or university; and

(ii) Educational preparation in teaching nursing or two years experience in teaching nursing; and

(iii) Curriculum development and administration experience; and

(iv) Five years of experience as a registered nurse including two years of experience in nursing education; and

(v) Current knowledge of nursing practice at the practical nurse or associate degree program level as appropriate.

FOR BACHELOR'S DEGREE PROGRAMS:

(b) In a program offering the baccalaureate degree in nursing:

(i) A minimum of a masters degree with a major in nursing, a doctoral degree preferably in nursing from an accredited college or university; and

(ii) Preparation in education and administration; and

(iii) At least five years of experience as a registered nurse including two years of experience in nursing education at the baccalaureate level.

(7) The nurse administrator shall be responsible for creation and maintenance of an environment conducive to teaching and learning through:

(a) Facilitation of the development, implementation and evaluation of the curriculum.

(b) Communication with central administration and other units of the governing institution.

(c) Facilitation of faculty development and performance review consistent with the policies of the institution, and encouragement of faculty to seek ways of improving clinical skills and methods of demonstrating continued educational and clinical competence.

(d) Facilitation of faculty recruitment and appointment. The administration of the program is encouraged to establish a goal for acquiring faculty with diversity in ethnicity, gender, clinical specialty and experience.

(e) Recommendation of faculty for appointment, promotion, tenure, and retention consistent with the policies of the institution.

(f) Facilitation of the development of long-range goals and objectives for the nursing program.

(g) Facilitation of recruitment, selection, and advisement of students.

(h) Assurance that the rules and regulations of the state nursing commission are effectively implemented.

(i) Notification of the commission of any major changes in the program or its administration.

(8) The nurse administrator shall have sufficient time provided to fulfill relevant administrative duties and responsibilities.

[Statutory Authority: RCW 18.79.110 and 18.79.150. 05-12-058, § 246-840-555, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-555, filed 10/16/95, effective 11/16/95.]

WAC 246-840-560 Standard III. Resources, facilities, and services for approved nursing education programs. A nursing education program shall have the fiscal, human, physical and learning resources adequate to support program process and outcomes.

(1) Classrooms, laboratories, and conference rooms must be available and adequate in size, number, and type according to the number of students and the educational purposes for which the rooms are to be used.

(2) Offices must be available and adequate in size, number, and type to provide faculty with opportunity for uninterrupted work and privacy for conferences with students. Adequate space must be provided for clerical staff, records, files, and other equipment.

(3) Clinical facilities.

(a) A nursing program shall utilize a variety of sites for learning experiences to enable the student to observe and practice safe nursing care of persons at each stage of the human life cycle. These experiences must include opportunities for the student to learn and provide nursing care to clients in the areas of acute and chronic illnesses, promotion and maintenance of wellness, prevention of illness, rehabilitation, and support in death. Clinical experiences shall include opportunities to learn and provide care to clients from diverse ethnic and cultural backgrounds. The experiences may include, but need not be limited to, hospitals, clinics, offices of health professionals, health centers, nursery schools, elementary and secondary schools, rehabilitation centers, mental health clinics, public health departments, and extended care resources.

(b) Clinical facilities must be selected to provide learning experience of sufficient number and kind for student achievement of the course/curriculum objectives. The number of hours of class and clinical practice opportunities and

distribution of these shall be in direct ratio to the amount of time necessary for the student at the particular stage of development to accomplish the objectives.

(c) Clinical facilities must be approved by the appropriate accreditation or licensing evaluation bodies, if such exist.

(d) Throughout the program the total hours of class and required clinical practice opportunities may not exceed forty hours per week.

(4) Library facilities must be provided for use by the faculty and students. Physical facilities, hours, and scope and currency of learning resources shall be appropriate for the purpose of the program and for the number of faculty and students.

(5) The administration, faculty and students must conduct periodic evaluations of resources, facilities, and services.

(6) The nursing program must demonstrate adequate financial support for faculty, support personnel, equipment, supplies, and services.

[Statutory Authority: RCW 18.79.110 and 18.79.150. 05-12-058, § 246-840-560, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-560, filed 10/16/95, effective 11/16/95.]

WAC 246-840-565 Standard IV. Students in approved nursing education programs. The approved nursing education program shall provide students the opportunity to acquire and demonstrate the knowledge, skills and abilities for safe and effective nursing practice.

(1) Written policies and procedures for selection, admission, progression, graduation, withdrawal, and dismissal of students must be available and consistent with the policies of the governing institution and must be communicated in a fair, accurate, inclusive, consistent and readily available format.

(2) The approved nursing education program shall:

(a) Develop policies specific to nursing students.

(b) Maintain a system of student records.

(c) Provide a written statement of student rights and responsibilities.

(d) Require that students, who seek admission by transfer from another approved nursing education program, or readmission for completion of the program, shall meet the equivalent of the program's current standards.

(3) The nursing education program shall provide the student in a registered nursing program with information on the legal role of the nursing technician as defined in WAC 246-840-010 and 246-840-840. The information must be provided prior to the time of completion of the first clinical course and shall clearly advise the student of his or her responsibilities, if he or she chooses to be employed as a nursing technician.

[Statutory Authority: RCW 18.79.110 and 18.79.150. 05-12-058, § 246-840-565, filed 5/26/05, effective 6/26/05. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-565, filed 6/18/97, effective 7/19/97. Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-565, filed 10/16/95, effective 11/16/95.]

WAC 246-840-570 Standard V. Faculty in approved nursing education programs. Each nursing education program shall have a sufficient number of professionally and academically qualified faculty with adequate diversity of expertise in nursing to meet the nursing education program purpose, outcomes and quality improvement.

(1) The maximum ratio of faculty to students recommended in clinical areas involving direct care of patients or clients is one faculty member to ten students. A lower ratio may be required by the nursing commission for students in initial or highly complex learning situations, or when student/client safety warrant. A higher ratio may be allowed with use of trained preceptors for students. Factors to be considered in determining the ratio are:

(a) The preparation and expertise of the faculty member;

(b) The objectives to be achieved;

(c) The level of students;

(d) The number, type, and acuity of patients;

(e) The number, type, location, and physical layout of clinical facilities being used for a particular course(s);

(f) Students in initial or highly complex learning situations; and

(g) The use of trained preceptors.

(2) If the faculty to student ratio in clinical areas involving direct care of patients or clients exceeds one faculty member to ten students, the program nurse administrator must submit a standardized report to the nursing commission. The report can be obtained from the nursing commission office. The contents of the standardized report must include, but is not limited to:

(a) The nursing program pass rate on the National Licensing Examination identified in WAC 246-840-050 for the last two years;

(b) The results of the two most recent faculty satisfaction surveys;

(c) The results of the two most recent student satisfaction surveys;

(d) Rationale for the exception to the one faculty member to ten students ratio and information supporting the program's decision. The rationale must include how the program will maintain patient safety.

The nursing commission must respond to the program nurse administrator, either electronically or in writing, regarding the report and its acceptance or denial, in a timely fashion. The nursing commission may request a site survey to be conducted based upon the report to gather information supporting the document. The commission must notify the program nurse administrator at least two weeks in advance of the site survey and indicate the purpose of the survey.

(3) Clinical preceptors may be used to enhance clinical learning experiences, after a student has received clinical and didactic instruction from program faculty in all basic areas for that course or specific learning experience. Preceptors may be used with the following criteria:

(a) Licensed at or above the level for which the student is preparing;

(b) Experienced in the facility and specialty area;

(c) Orientation to written course and student learning objectives and documented role expectations of faculty, preceptor and preceptee; and

(d) The faculty member shall confer with each preceptor and student regularly during the precepted learning experience.

(4) Nursing faculty shall have a current unrestricted license to practice as a registered nurse in Washington.

(5) Degree requirements for faculty teaching in nursing education programs shall have:

FOR PRACTICAL NURSING PROGRAMS:

(a) In a program preparing practical nurses only, a minimum of a baccalaureate degree with a major in nursing from an accredited college or university.

FOR REGISTERED NURSING PROGRAMS:

(b) In a program preparing registered nurses, a minimum of a masters degree with a major in nursing or a baccalaureate degree in nursing with a masters in a related field from an accredited college or university, unless:

(i) For faculty teaching in the classroom or laboratory, the nursing program shall provide documentation to the commission within thirty days of hire that:

(A) Despite aggressive recruitment efforts, it has been unable to attract properly qualified faculty; and

(B) The individual will either teach one year or less or be currently enrolled in a masters in nursing program at an accredited college or university.

(ii) For clinical faculty who will directly supervise students at a clinical facility, the nursing program shall provide documentation to the commission within thirty days of hire that:

(A) The individual has at least a minimum of a baccalaureate degree with a major in nursing from an accredited college or university; and

(B) The individual has current clinical experience of at least three years in the clinical subject area taught.

(iii) For faculty teaching in the classroom, laboratory or clinical setting, the individual is nursing faculty tenured prior to November 3, 1995.

(6) Interdisciplinary faculty must have academic and professional education and experience in their field of specialization.

(7) Faculty shall be responsible for:

(a) Developing, implementing, and evaluating the purpose and outcomes of the nursing education program.

(b) Designing, implementing, and evaluating the curriculum.

(c) Developing and evaluating student admission, progression, retention, and graduation policies within the framework of the policies of the governing institution.

(d) Participating in or providing for academic advising and guidance of students.

(e) Evaluating student achievement, in terms of curricular objectives as related to both nursing knowledge and practice, including preceptorship experiences.

(f) Selecting, guiding, and evaluating student learning.

(g) Participating in activities to improve their own nursing competency in area(s) of responsibility and to demonstrate current clinical competency.

[Statutory Authority: RCW 18.79.110 and 18.79.150. 05-12-058, § 246-840-570, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-570, filed 10/16/95, effective 11/16/95.]

WAC 246-840-575 Curriculum for approved nursing education programs. The curriculum must provide diverse learning experiences consistent with program outcomes. Clinical experiences must include opportunities to learn and provide care to clients from diverse ethnic and cultural backgrounds. The emphasis placed on these areas and the scope encompassed shall be in keeping with the purpose and outcomes of the program.

(1) The length, organization, content, methods of instruction, and placement of courses must be consistent with the purpose and outcomes of the program.

FOR PRACTICAL NURSE PROGRAMS:

(2)(a) The practical nurse certificate must be at least sixty quarter credits. Concepts of social, behavioral, and related foundation subjects may be integrated, combined or presented as separate courses.

(i) Normal growth and development.

(ii) Psychology - social facts and principles; communication techniques and defense mechanisms, normal and abnormal behavior; loss, grief and dying.

(iii) Personal and vocational relationships.

(b) Biological and related foundation subjects may be integrated, combined or presented as separate courses.

(i) Anatomy and physiology.

(ii) Microbiology - elementary concepts.

(iii) Chemistry and physics - elementary concepts.

(iv) Nutrition and diet therapy.

(v) Pharmacology and applied mathematics.

(c) Principles and skills of practical nursing consistent with the practical nurse role of the beginning practitioner as provided by the standards of competency identified in WAC 246-840-700 and 246-840-705.

(i) Nursing ethics, nursing history and trends, standards of practice, licensure and legal aspects of nursing.

(ii) Medical and surgical nursing for clients throughout the life span.

(iii) Ante/intra/postpartum and newborn nursing with only an assisting role in the care of clients during labor and delivery and those with complications.

(iv) Geriatric nursing.

(v) Mental health nursing.

(d) All nursing courses shall include:

(i) Components of: Client needs; safe, effective care environment; health promotion and maintenance; psychosocial integrity; and physiological integrity.

(ii) Skills laboratory and clinical practice in the functions of the practical nurse, including but not limited to, administration of medications, implementing and monitoring client care techniques and promoting psychosocial and physiological techniques.

(iii) Concepts of coordinated care and delegation.

FOR REGISTERED NURSE PROGRAMS:

(3)(a) Instruction in the physical, biological social and behavioral sciences. Content is required from the areas of anatomy and physiology (two terms with laboratory), physics, chemistry, microbiology, pharmacology and nutrition, communication and computations.

(b) Theory and clinical experiences in the areas of medical nursing, surgical nursing, obstetric nursing, nursing of children and psychiatric nursing, which may be integrated, combined, or presented as separate courses. Baccalaureate programs also shall include theory and clinical experiences in community and public health nursing.

(c) History, health care trends, legal and ethical issues, and scope of practice, and licensure and professional responsibility pertaining to the registered nurse role including the standards of competency identified in WAC 246-840-700

and 246-840-705. Content may be integrated, combined, or presented as separate courses. Baccalaureate programs shall include study of research principles and statistics.

(d) Programs must include opportunities for the student to learn assessment and analysis of client and family needs, planning, implementation, evaluation, and delegation of nursing care for diverse individuals and groups. Baccalaureate programs shall include the study and practice of leadership and care/case management.

(e) All nursing courses shall include:

(i) Comprehensive content on: Client needs; safe, effective care environment; health promotion and maintenance; psychosocial integrity and physiological integrity.

(ii) Clinical experiences in the care of persons at each stage of the human life cycle, with opportunities for the student to learn and have direct involvement in, responsibility and accountability for the provision of basic nursing care and comfort for clients with acute and chronic illnesses, pharmacological and parenteral therapies and pain management. The emphasis placed on these areas, the scope encompassed, and other allied experiences offered shall be consistent with the purpose and outcomes of the program.

(iii) Opportunities for management of care and delegation working within a health care team.

[Statutory Authority: RCW 18.79.110 and 18.79.150. 05-12-058, § 246-840-575, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-575, filed 10/16/95, effective 11/16/95.]

WAC 246-840-581 Early remediation program purpose. WAC 246-840-582 and 246-840-583 establish the early remediation program and its eligibility criteria and procedures. The intent of this program is to effectively and efficiently protect patients by resolving allegations of practice deficiencies of a less serious nature through a plan of remedial education, training, and supervision. Such allegations may not include substance abuse or drug diversions. The nursing care quality assurance commission may resolve allegations of practice deficiencies through early remediation during an investigation.

[Statutory Authority: RCW 18.79.110 and 18.130.050. 10-17-107, § 246-840-581, filed 8/17/10, effective 9/17/10.]

WAC 246-840-582 Early remediation program definitions. The definitions in this section apply throughout WAC 246-840-581 and 246-840-583 unless the context clearly requires otherwise.

(1) "Action plan" means a documented agreement between the nurse named in the complaint(s) and the commission listing remedial steps to be taken by the nurse to resolve the identified practice deficiencies. Action plans may require remedial education, on-the-job training, and follow-up monitoring of the nurse's clinical practice by the current employer or other practice monitor.

(2) "Commission" means the Washington state nursing care quality assurance commission.

(3) "Complaint" means a documented report of a possible violation of the Uniform Disciplinary Act which the commission shall assess and may subsequently authorize an investigation.

(4) "Early remediation program" means a process in which a complaint alleging practice deficiencies is resolved through an action plan without initiating disciplinary procedures.

(5) "Practice deficiencies" include, but are not limited to:

(a) Substandard nursing practice;

(b) Failure to properly conduct a patient assessment, document treatment, or administer medications; and

(c) Failure to comply with scope of practice requirements or delegation laws and regulations.

(d) Practice deficiencies do not include drug diversion, patient abuse, fraud, theft, deceit or other willful misconduct, or conduct resulting in more than minor patient harm.

[Statutory Authority: RCW 18.79.110 and 18.130.050. 10-17-107, § 246-840-582, filed 8/17/10, effective 9/17/10.]

WAC 246-840-583 Early remediation program criteria. (1) In any complaint where the commission identifies practice deficiencies, the commission may resolve the matter through the early remediation program.

(2) The commission shall use the following criteria to determine eligibility for early remediation:

(a) The identified practice deficiencies could be corrected by remedial education, on-the-job training and practice monitoring within six months or less, and patient protection does not require significant long-term practice limits;

(b) The nurse is willing and able to participate in the early remediation program;

(c) The nurse's current employer agrees to participate in the action plan;

(d) The nurse has no current charges or disciplinary history of unprofessional conduct and has not previously participated in an action plan; and

(e) The degree of patient harm suffered as a result of the nurse's substandard practice is minor, if any.

(3) The commission shall use the following process to implement the early remediation program:

(a) After a preliminary investigation identifies the practice deficiencies the commission will apply criteria in subsection (2)(a) through (e) of this section to determine eligibility for early remediation;

(b) If all of the criteria are met, and if the commission determines the nurse is eligible for participation in the early remediation program the commission shall propose an action plan to the nurse and employer.

(c) If the nurse complies with the agreed action plan, the commission may consider the nurse's completion of the action plan as grounds to close the matter without further action.

(d) The commission shall evaluate whether the practice deficiencies have been corrected and are unlikely to recur; and

(e) The commission may decide to conduct a full investigation and consider disciplinary action if additional facts become known or circumstances change such that the nurse is no longer eligible based on the criteria in subsection (2)(a) through (e) of this section.

[Statutory Authority: RCW 18.79.110 and 18.130.050. 10-17-107, § 246-840-583, filed 8/17/10, effective 9/17/10.]

PRACTICE STANDARDS

WAC 246-840-700 Standards of nursing conduct or practice. (1) The purpose of defining standards of nursing conduct or practice through WAC 246-840-700 and 246-840-710 is to identify responsibilities of the professional registered nurse and the licensed practical nurse in health care settings and as provided in the Nursing Practice Act, chapter 18.79 RCW. Violation of these standards may be grounds for disciplinary action under chapter 18.130 RCW. Each individual, upon entering the practice of nursing, assumes a measure of responsibility and public trust and the corresponding obligation to adhere to the professional and ethical standards of nursing practice. The nurse shall be responsible and accountable for the quality of nursing care given to clients. This responsibility cannot be avoided by accepting the orders or directions of another person. The standards of nursing conduct or practice include, but are not limited to the following;

(2) The nursing process is defined as a systematic problem solving approach to nursing care which has the goal of facilitating an optimal level of functioning and health for the client, recognizing diversity. It consists of a series of phases: Assessment and planning, intervention and evaluation with each phase building upon the preceding phases.

(a) **Registered Nurse:**	(b) **Licensed Practical Nurse:**
Minimum standards for registered nurses include the following:	Minimum standards for licensed practical nurses include the following:
(i) **Standard I Initiating the Nursing Process:**	(i) **Standard I - Implementing the Nursing Process:** The practical nurse assists in implementing the nursing process;
(A) **Assessment and Analysis:** The registered nurse initiates data collection and analysis that includes pertinent objective and subjective data regarding the health status of the clients. The registered nurse is responsible for ongoing client assessment, including assimilation of data gathered from licensed practical nurses and other members of the health care team;	(A) **Assessment:** The licensed practical nurse makes basic observations, gathers data and assists in identification of needs and problems relevant to the clients, collects specific data as directed, and, communicates outcomes of the data collection process in a timely fashion to the appropriate supervising person;
(B) **Nursing Diagnosis/ Problem Identification:** The registered nurse uses client data and nursing scientific principles to develop nursing diagnosis and to identify client problems in order to deliver effective nursing care;	(B) **Nursing Diagnosis/ Problem Identification:** The licensed practical nurse provides data to assist in the development of nursing diagnoses which are central to the plan of care;
(C) **Planning:** The registered nurse shall plan nursing care which will assist clients and families with maintaining or restoring health and wellness or supporting a dignified death;	(C) **Planning:** The licensed practical nurse contributes to the development of approaches to meet the needs of clients and families, and, develops client care plans utilizing a standardized nursing care plan and assists in setting priorities for care;
(D) **Implementation:** The registered nurse implements the plan of care by initiating nursing interventions through giving direct care and supervising other members of the care team; and	(D) **Implementation:** The licensed practical nurse carries out planned approaches to client care and performs common therapeutic nursing techniques; and
(E) **Evaluation:** The registered nurse evaluates the responses of individuals to nursing interventions and is responsible for the analysis and modification of the nursing care plan consistent with intended outcomes;	(E) **Evaluation:** The licensed practical nurse, in collaboration with the registered nurse, assists with making adjustments in the care plan. The licensed practical nurse reports outcomes of care to the registered nurse or supervising health care provider;
(ii) **Standard II Delegation and Supervision:** The registered nurse is accountable for the safety of clients receiving nursing service by:	(ii) **Standard II Delegation and Supervision:** Under direction, the practical nurse is accountable for the safety of clients receiving nursing care:
(A) Delegating selected nursing functions to others in accordance with their education, credentials, and demonstrated competence as defined in WAC 246-840-010(10);	(A) The practical nurse may delegate selected nursing tasks to competent individuals in selected situations, in accordance with their education, credentials and competence as defined in WAC 246-840-010(10);
(B) Supervising others to whom he/she has delegated nursing functions as defined in WAC 246-840-010(10);	(B) The licensed practical nurse in delegating functions shall supervise the persons to whom the functions have been delegated;
(C) Evaluating the outcomes of care provided by licensed and other paraprofessional staff;	(C) The licensed practical nurse reports outcomes of delegated nursing care tasks to the RN or supervising health care provider; and
(D) The registered nurse may delegate certain additional acts to certain individuals in community-based long-term care and in-home settings as provided by WAC 246-840-910 through 246-840-970 and WAC 246-841-405; and	(D) In community based long-term care and in-home settings as provided by WAC 246-840-910 through 246-840-970 and WAC 246-841-405, the practical nurse may delegate only personal care tasks to qualified care givers;

(E) In a home health or hospice agency regulated under chapter 70.127 RCW, a registered nurse may delegate the application, instillation, or insertion of medications to a registered or certified nursing assistant under a plan of care pursuant to chapter 246-335 WAC;	
(iii) **Standard III Health Teaching.** The registered nurse assesses learning needs including learning readiness for patients and families, develops plans to meet those learning needs, implements the teaching plan and evaluates the outcome.	(iii) **Standard III Health Teaching.** The practical nurse assists in health teaching of clients and provides routine health information and instruction recognizing individual differences.

(3) **The following standards apply to registered nurses and licensed practical nurses:**

(a) The registered nurse and licensed practical nurse shall communicate significant changes in the client's status to appropriate members of the health care team. This communication shall take place in a time period consistent with the client's need for care. Communication is defined as a process by which information is exchanged between individuals through a common system of speech, symbols, signs, and written communication or behaviors that serves as both a means of gathering information and of influencing the behavior, actions, attitudes, and feelings of others; and

(b) The registered nurse and licensed practical nurse shall document, on essential client records, the nursing care given and the client's response to that care; and

(c) The registered nurse and licensed practical nurse act as client advocates in health maintenance and clinical care.

(4) **Other responsibilities:**

(a) The registered nurse and the licensed practical nurse shall have knowledge and understanding of the laws and rules regulating nursing and shall function within the legal scope of nursing practice;

(b) The registered nurse and the licensed practical nurse shall be responsible and accountable for his or her practice based upon and limited to the scope of his/her education, demonstrated competence, and nursing experience consistent with the scope of practice set forth in this document; and

(c) The registered nurse and the licensed practical nurse shall obtain instruction, supervision, and consultation as necessary before implementing new or unfamiliar techniques or procedures which are in his/her scope of practice.

(d) The registered nurse and the licensed practical nurse shall be responsible for maintaining current knowledge in his/her field of practice; and

(e) The registered nurse and the licensed practical nurse shall respect the client's right to privacy by protecting confidential information and shall not use confidential health care information for other than legitimate patient care purposes or as otherwise provided in the Health Care Information Act, chapter 70.02 RCW.

[Statutory Authority: RCW 18.79.110, 18.79.260 (3)(f), 18.88A.210, 2003 c 140. 04-14-065, § 246-840-700, filed 7/2/04, effective 7/2/04. Statutory Authority: RCW 18.79.110. 02-06-117, § 246-840-700, filed 3/6/02, effective 4/6/02. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-700, filed 6/18/97, effective 7/19/97.]

WAC 246-840-705 Functions of a registered nurse and a licensed practical nurse.

(1) **Registered Nurses:**	(2) **Licensed Practical Nurses:**
The registered nurse performs acts that require substantial knowledge, judgment and skill based on the principles of biological, behavioral, health, and nursing sciences. Such acts are grounded in the elements of the nursing process which includes, but is not limited to, the assessment, analysis, diagnosis, planning, implementation and evaluation of nursing care and health teaching in the maintenance and the promotion of health or prevention of illness of others and the support of a dignified death. The registered nurse using specialized knowledge can perform the activities of administration, supervision, delegation and evaluation of nursing practice; and	The licensed practical nurse performs services requiring knowledge, skill and judgment necessary for carrying out selected aspects of the designated nursing regimen. The licensed practical nurse recognizes and is able to meet the basic needs of the client, and gives nursing care under the direction and supervision, to clients in **routine** nursing situations. A routine nursing situation is one that is relatively free of complexity, and the clinical and behavioral state of the client is relatively stable, requires care based upon a comparatively fixed and limited body of knowledge. In **complex** nursing care situations the licensed practical nurse functions as an assistant to the registered nurse and facilitates client care by carrying out selected aspects of the designated nursing regimen to assist the registered nurse in the performance of nursing care; and
(3) **Registered Nurses:**	(4) **Licensed Practical Nurses:**
The registered nurse functions in an **independent role** when utilizing the nursing process as defined in WAC 246-840-700(2) to meet the complex needs of the client.	The licensed practical nurse functions in an **interdependent** role to deliver care as directed and assists in the revision of care plans in collaboration with the registered nurse. The licensed practical nurse functions in a **dependent** role when executing a medical regimen under the direction and supervision of an advanced registered nurse practitioner, licensed physician and/or surgeon, dentist, osteopathic physician and/or surgeon, physician assistant,

	osteopathic physician assistant, podiatric physician and/or surgeon, or naturopathic physician. A licensed practical nurse may not accept delegation of acts not within his or her scope of practice.
In an interdependent role as a member of a health care team, the registered nurse functions to coordinate and evaluate the care of the client and independently revises the plan and delivery of nursing care.	
The registered nurse functions in an interdependent **role** when executing a medical regimen under the direction of an advanced registered nurse practitioner, licensed physician and/or surgeon, dentist, osteopathic physician and/or surgeon, physician assistant, osteopathic physician assistant, podiatric physician and/or surgeon, or naturopathic physician. A registered nurse may not accept delegation of acts not within his or her scope of practice.	This shall not be construed as authorizing an independent role for the LPN.

[Statutory Authority: RCW 18.79.110. 02-06-117, § 246-840-705, filed 3/6/02, effective 4/6/02. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-705, filed 6/18/97, effective 7/19/97.]

WAC 246-840-710 Violations of standards of nursing conduct or practice. The following conduct may subject a nurse to disciplinary action under the Uniform Disciplinary Act, chapter 18.130 RCW:

(1) Engaging in conduct described in RCW 18.130.180;

(2) Failure to adhere to the standards enumerated in WAC 246-840-700 which may include, but are not limited to:

(a) Failing to assess and evaluate a client's status or failing to institute nursing intervention as required by the client's condition;

(b) Willfully or repeatedly failing to report or document a client's symptoms, responses, progress, medication, or other nursing care accurately and/or legibly;

(c) Willfully or repeatedly failing to make entries, altering entries, destroying entries, making incorrect or illegible entries and/or making false entries in employer or employee records or client records pertaining to the giving of medication, treatments, or other nursing care;

(d) Willfully or repeatedly failing to administer medications and/or treatments in accordance with nursing standards;

(e) Willfully or repeatedly failing to follow the policy and procedure for the wastage of medications where the nurse is employed or working;

(f) Nurses shall not sign any record attesting to the wastage of controlled substances unless the wastage was personally witnessed;

(g) Willfully causing or contributing to physical or emotional abuse to the client;

(h) Engaging in sexual misconduct with a client as defined in WAC 246-840-740; or

(i) Failure to protect clients from unsafe practices or conditions, abusive acts, and neglect;

(3) Failure to adhere to the standards enumerated in WAC 246-840-700(2) which may include:

(a) Delegating nursing care function or responsibilities to a person the nurse knows or has reason to know lacks the ability or knowledge to perform the function or responsibility, or delegating to unlicensed persons those functions or responsibilities the nurse knows or has reason to know are to be performed only by licensed persons. This section should not be construed as prohibiting delegation to family members and other caregivers exempted by RCW 18.79.040(3), 18.79.050, 18.79.060 or 18.79.240; or

(b) Failure to supervise those to whom nursing activities have been delegated. Such supervision shall be adequate to prevent an unreasonable risk of harm to clients;

(4)(a) Performing or attempting to perform nursing techniques and/or procedures for which the nurse lacks the appropriate knowledge, experience, and education and/or failing to obtain instruction, supervision and/or consultation for client safety;

(b) Violating the confidentiality of information or knowledge concerning the client, except where required by law or for the protection of the client; or

(c) Writing prescriptions for drugs unless authorized to do so by the commission;

(5) Other violations:

(a) Appropriating for personal use medication, supplies, equipment, or personal items of the client, agency, or institution. The nurse shall not solicit or borrow money, materials or property from clients;

(b) Practicing nursing while affected by alcohol or drugs, or by a mental, physical or emotional condition to the extent that there is an undue risk that he or she, as a nurse, would cause harm to him or herself or other persons; or

(c) Willfully abandoning clients by leaving a nursing assignment, when continued nursing care is required by the condition of the client(s), without transferring responsibilities to appropriate personnel or caregiver;

(d) Conviction of a crime involving physical abuse or sexual abuse including convictions of any crime or plea of guilty, including crimes against persons as defined in chapter 43.830 RCW [RCW 43.43.830] and crimes involving the personal property of a patient, whether or not the crime relates to the practice of nursing; or

(e) Failure to make mandatory reports to the Nursing Care Quality Assurance Commission concerning unsafe or unprofessional conduct as required in WAC 246-840-730;

Other:

(6) The nurse shall only practice nursing in the state of Washington with a current Washington license;

(7) The licensed nurse shall not permit his or her license to be used by another person;

(8) The nurse shall have knowledge of the statutes and rules governing nursing practice and shall function within the legal scope of nursing practice;

(9) The nurse shall not aid, abet or assist any other person in violating or circumventing the laws or rules pertaining to the conduct and practice of professional registered nursing and licensed practical nursing; or

(10) The nurse shall not disclose the contents of any licensing examination or solicit, accept or compile information regarding the contents of any examination before, during or after its administration.

[Statutory Authority: RCW 18.79.110. 02-06-117, § 246-840-710, filed 3/6/02, effective 4/6/02. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-710, filed 6/18/97, effective 7/19/97.]

WAC 246-840-720 Mitigating circumstances. The commission recognizes that there may be circumstances inherent to various practice settings that may affect the commission's decision whether to issue a statement of charges, to make a finding of unprofessional conduct, or to determine a sanction.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-720, filed 6/18/97, effective 7/19/97.]

WAC 246-840-730 Mandatory reporting. Mandatory reporting assists the nursing care quality assurance commission (nursing commission) in protecting the public health and safety through the discovery of unsafe or substandard nursing practice or conduct. These rules are intended to define the information that is to be reported and the obligation of nurses and others to report.

The nursing commission does not intend every minor nursing error to be reported or that mandatory reporting serve as a substitute for employer-based disciplinary action.

Who must make reports and what must be reported to the nursing commission?

(1) Any person, including, but not limited to, registered nurses, practical nurses, advanced registered nurse practitioners, health care facilities and governmental agencies shall always report the following, except as provided for in subsections (2) and (3) of this section:

(a) Information that a nurse may not be able to practice with reasonable skill and safety as a result of a mental or physical condition;

(b) Information regarding a conviction, determination or finding, including employer-based disciplinary action, that a nurse has committed an act that would constitute unprofessional conduct, as defined in RCW 18.130.180, including violations of chapter 246-840 WAC, including, but not limited to:

(i) Conviction of any crime or plea of guilty, including crimes against persons as defined in chapter 43.830 RCW [RCW 43.43.830], and crimes involving the personal property of a patient, whether or not the crime relates to the practice of nursing;

(ii) Conduct which leads to dismissal from employment for cause related to unsafe nursing practice or conduct in violation of the standards of nursing;

(iii) Conduct which reasonably appears to be a contributing factor to the death of a patient;

(iv) Conduct which reasonably appears to be a contributing factor to the harm of a patient that requires medical intervention;

(v) Conduct which reasonably appears to violate accepted standards of nursing practice and reasonably appears to create a risk of physical and/or emotional harm to a patient;

(vi) Conduct involving a pattern of repeated acts or omissions of a similar nature in violation of the standards of nursing that reasonably appears to create a risk to a patient;

(vii) Drug trafficking;

(viii) Conduct involving the misuse of alcohol, controlled substances or legend drugs, whether or not prescribed to the nurse, where such conduct is related to nursing practice or violates any other drug or alcohol-related nursing commission law;

(ix) Conduct involving sexual contact with a patient under RCW 18.130.180(24) or other sexual misconduct in violation of nursing commission law under WAC 246-840-740;

(x) Conduct involving patient abuse, including physical, verbal and emotional;

(xi) Conduct indicating unfitness to practice nursing or that would diminish the nursing profession in the eyes of the public;

(xii) Conduct involving fraud related to nursing practice;

(xiii) Conduct involving practicing beyond the scope of the nurse's license;

(xiv) Nursing practice, or offering to practice, without a valid nursing permit or license, including practice on a license lapsed for nonpayment of fees;

(xv) Violation of a disciplinary sanction imposed on a nurse's license by the nursing commission.

(2) Persons who work in federally funded substance abuse treatment programs are exempt from these mandatory reporting requirements to the extent necessary to comply with 42 C.F.R. Part 2.

(3) Persons who work in approved substance abuse monitoring programs under RCW 18.130.175 are exempt from these mandatory reporting rules to the extent required to comply with RCW 18.130.175(3) and WAC 246-840-780(3).

How is a report made to the nursing commission?

(4) In providing reports to the nursing commission, a person may call the nursing commission office for technical assistance in submitting a report. Reports are to be submitted in writing and include the name of the nurse, licensure identification, if available, the name of the facility, the names of any patients involved, a brief summary of the specific concern which is the basis for the report, and the name, address and telephone number of the individual submitting the report.

(5) Failure of any licensed nurse to comply with these reporting requirements may constitute grounds for discipline under chapter 18.130 RCW.

What are the criteria for whistleblower protection?

(6) Whistleblower criteria is defined in chapter 246-15 WAC and RCW 43.70.075.

[Statutory Authority: RCW 18.79.110. 00-01-186, § 246-840-730, filed 12/22/99, effective 1/22/00. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-730, filed 6/18/97, effective 7/19/97.]

WAC 246-840-740 Sexual misconduct prohibited. (1) **What is the nursing commission's intent in prohibiting this type of misconduct?**

Sexual or romantic conduct with a client or the client's family is serious misconduct because it harms the nurse/client relationship and interferes with the safe and effective delivery of nursing services. A nurse or nursing technician does not need to be "assigned" to the client in order for the nurse/client relationship to exist. The role of the nurse or nursing technician in the nurse/client relationship places the nurse or nursing technician in the more powerful position and the nurse or nursing technician must not abuse this power. Under certain circumstances, the nurse/client relationship continues beyond the termination of nursing services. Not only does sexual or romantic misconduct violate the trust and confidence held by health care clients towards nursing staff, but it also undermines public confidence in nursing. Nurses and nursing technicians can take measures to avoid allegations of such misconduct by establishing and maintaining professional boundaries in dealing with their clients.

(2) **What conduct is prohibited?**

Nurses and nursing technicians shall never engage, or attempt to engage, in sexual or romantic conduct with clients, or a client's immediate family members or significant others. Such conduct does not have to involve sexual contact. It includes behaviors or expressions of a sexual or intimately romantic nature. Sexual or romantic conduct is prohibited whether or not the client, family member or significant other initiates or consents to the conduct. Such conduct is also prohibited between a nursing educator and student.

Regardless of the existence of a nurse/client relationship, nurses and nursing technicians shall never use patient information derived through their role as a health care provider to attempt to contact a patient in pursuit of a nurse's own sexual or romantic interests or for any other purpose other than legitimate health care.

(3) **What should a nurse or nursing technician do to avoid allegations of sexual or romantic misconduct?**

Establishing and maintaining professional boundaries is critical to avoiding even the appearance of sexual or romantic misconduct. Nurses and nursing technicians can take certain preventative steps to make sure safeguards are in place at all times, such as:

(a) Setting appropriate boundaries with patients, physically and verbally, at the outset of professional relationships, and documenting such actions and the basis for such actions;

(b) Consulting with supervisors regarding difficulties in establishing and maintaining professional boundaries with a given client; and/or

(c) Seeking reassignment to avoid incurring a violation of these rules.

(4) **What about former clients?**

A nurse or nursing technician shall not engage or attempt to engage a former client, or former client's immediate family member or significant other, in sexual or romantic conduct if such conduct would constitute abuse of the nurse/client relationship. The nurse/client relationship is abused when a nurse or nursing technician uses and/or benefits from the nurse's professional status and the vulnerability of the client due to the client's condition or status as a patient.

(a) Due to the unique vulnerability of mental health and chemical dependency clients, nurses and nursing technicians are prohibited from engaging in or attempting to engage in sexual or romantic conduct with such former clients, or their immediate family or significant other, for a period of at least two years after termination of nursing services. After two years, sexual or romantic conduct may be permitted with a former mental health or chemical dependency client, but only if the conduct would not constitute abuse of the nurse/client relationship.

(b) Factors which the commission may consider in determining whether there was abuse of the nurse/client relationship include, but are not limited to:

(i) The amount of time that has passed since nursing services were terminated;

(ii) The nature and duration of the nurse/client relationship, the extent to which there exists an ongoing nurse/client relationship following the termination of services, and whether the client is reasonably anticipated to become a client of the nurse in the future;

(iii) The circumstances of the cessation or termination of the nurse/client relationship;

(iv) The former client's personal history;

(v) The former client's current or past mental status, and whether the client has been the recipient of mental health services;

(vi) The likelihood of an adverse impact on the former client and others;

(vii) Any statements or actions made by the nurse during the course of treatment suggesting or inviting the possibility of sexual or romantic conduct;

(viii) Where the conduct is with a client's immediate family member or significant other, whether such a person is vulnerable to being induced into such relationship due to the condition or treatment of the client or the overall circumstances.

(5) **Are there situations where these rules do not apply?**

These rules do not prohibit:

(a) The provision of nursing services on an urgent, unforeseen basis where circumstances will not allow a nurse or nursing technician to obtain reassignment or make an appropriate referral;

(b) The provision of nursing services to a spouse, or family member, or any other person who is in a preexisting, established relationship with the nurse or nursing technician where no evidence of abuse of the nurse/client relationship exists.

[Statutory Authority: RCW 18.130.050 and 18.79.110. 07-19-131, § 246-840-740, filed 9/19/07, effective 10/20/07. Statutory Authority: RCW 18.130.180(24). 99-04-051, § 246-840-740, filed 1/28/99, effective 2/28/99.]

WAC 246-840-745 Adjudicative proceedings. The commission adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-745, filed 6/18/97, effective 7/19/97.]

WAC 246-840-747 Appearance and practice before agency—Standards of ethical conduct. All persons appearing in proceedings before the commission in a representative capacity shall conform to the standards of ethical conduct required of attorneys before the courts of Washington. If any such person does not conform to such standards, the commission may decline to permit such person to appear in a representative capacity in any proceeding before it.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-747, filed 6/18/97, effective 7/19/97.]

WAC 246-840-750 Philosophy governing voluntary substance abuse monitoring programs. The commission recognizes the need to establish a means of proactively providing early recognition and treatment options for licensed practical nurses or registered nurses whose competency may be impaired due to the abuse of drugs or alcohol. The commission intends that such nurses be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this the commission shall approve voluntary substance abuse monitoring programs and shall refer licensed practical nurses or registered nurses impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-750, filed 6/18/97, effective 7/19/97.]

WAC 246-840-760 Definitions of terms used in WAC 246-840-750 through 246-840-780. (1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program the commission has determined meets the requirements of the law and the criteria established by the commission in WAC 246-840-770. The program enters into a contract with nurses who have substance abuse problems regarding the required components of the nurse's recovery activity and oversees the nurse's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating nurses.

(2) "Contract" is a comprehensive, structured agreement between the recovering nurse and the approved monitoring program wherein the nurse consents to comply with the monitoring program and its required components of the nurse's recovery activity.

(3) "Approved treatment facility" is a facility approved by the division of alcohol and substance abuse, department of social and health services according to chapter 70.96A RCW or RCW 69.54.030 to provide concentrated alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state must be equivalent to the standards required for approval under chapter 70.96A RCW or RCW 69.54.030.

(4) "Substance abuse" means the impairment of a nurse's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

(5) "Aftercare" is that period of time after intensive substance abuse treatment that provides the nurse and the nurse's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.

(6) "Nurse support group" is a group of nurses meeting regularly to support the recovery of its members from substance abuse issues. The group provides a confidential setting with a trained and experienced nurse facilitator in which nurses may safely discuss drug diversion, licensure issues, return to work and other professional issues related to recovery.

(7) "Twelve-step groups" are groups such as alcoholics anonymous, narcotics anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, peer group association, and self-help.

(8) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person to be tested.

[Statutory Authority: RCW 18.79.110. 08-11-019, § 246-840-760, filed 5/12/08, effective 6/12/08. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-760, filed 6/18/97, effective 7/19/97.]

WAC 246-840-770 Approval of substance abuse monitoring programs. The commission will approve the monitoring program(s) which will participate in the commission's substance abuse monitoring program. A monitoring program approved by the commission may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program will not provide evaluation or treatment to the participating nurses.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of nursing as defined in this chapter to be able to evaluate:

(a) Clinical laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individuals and facilities;

(d) Nurses' support groups;

(e) The nursing work environment; and

(f) The ability of the nurse to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the nurse and the commission to oversee the nurse's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff will determine, on an individual basis, whether a nurse will be prohibited from engaging in the practice of nursing for a period of time and restrictions, if any, or the nurse's access to controlled substances in the work place.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program will be responsible for providing feedback to the nurse as to the acceptability of treatment progress.

(8) The approved monitoring program shall report to the commission any nurse who fails to comply with the requirement of the monitoring program.

(9) The approved monitoring program shall provide the commission with a statistical report on the program, including progress of participants, at least annually.

(10) The approved monitoring program shall receive from the commission guidelines on treatment, monitoring, and limitations on the practice of nursing for those participating in the program.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-770, filed 6/18/97, effective 7/19/97.]

WAC 246-840-780 Participants entering the approved substance abuse monitoring program must agree to the following conditions. (1)(a) The nurse shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The nurse shall enter into a contract with the commission and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The nurse will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The nurse will agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The nurse must complete the prescribed aftercare, which may include individual and/or group psychotherapy.

(iv) The nurse must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(v) The nurse will submit to random drug screening as specified by the approved monitoring program.

(vi) The nurse will attend nurses' support groups facilitated by a nurse and/or twelve-step group meetings as specified by the contract.

(vii) The nurse will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The nurse shall sign a waiver allowing the approved monitoring program to release information to the commission if the nurse does not comply with the requirements of this contract.

(c) The nurse is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The nurse may be subject to disciplinary action under RCW 18.130.160 if the nurse does not participate in the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) A nurse who is not being investigated by the commission or subject to current disciplinary action or currently being monitored by the commission for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the commission.

(a) The nurse shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The nurse shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The nurse will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The nurse will agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber as defined in RCW 69.41.030 and 69.50.101.

(iii) The nurse must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The nurse must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(v) The nurse will submit to random drug screening as specified by the approved monitoring program.

(vi) The nurse will attend nurses' support groups facilitated by a nurse and/or twelve-step group meetings as specified by the contract.

(vii) The nurse will comply with employment conditions and restrictions as defined by the contract.

(viii) The nurse shall sign a waiver allowing the approved monitoring program to release information to the commission if the nurse does not comply with the requirements of this contract.

(c) The nurse is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment and random drug screens.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450, and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsections (1) and (2) of this section. Records held by the commission under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-780, filed 6/18/97, effective 7/19/97.]

WAC 246-840-800 Scope of practice—Advisory opinions. (1) The commission may issue advisory opinions in response to questions put to it by professional health associations, nursing practitioners and consumers concerning the authority of various categories of nursing personnel to perform particular acts. Such questions must be presented in writing to the department staff.

(2) Questions may be referred to a committee of the commission. Upon such referral, the committee shall develop a draft response which shall be presented to the full commission at a public meeting for ratification, rejection or modification. The committee may, at its discretion, consult with

health care practitioners for assistance in developing its draft response.

(3) If the commission issues an opinion on a given issue, such opinion shall be provided to the requesting party and shall be included in the commission minutes.

(4) Each opinion issued shall include a clear statement to the effect that:

(a) The opinion is advisory and intended for the guidance of the requesting party only; and

(b) The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the commission.

(5) In no event shall this section be construed to supersede the authority of the commission to adopt rules related to the scope of practice nor shall it be construed to restrict the ability of any person to propose a rule or to seek a declaratory judgment from the commission.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-800, filed 6/18/97, effective 7/19/97.]

WAC 246-840-810 Provision for continuity of drug therapy for residents. When a resident of a long-term care facility has the opportunity for an unscheduled therapeutic leave that would be precluded by the lack of an available pharmacist to dispense drugs prescribed by an authorized practitioner, a registered nurse designated by the facility and its consultant or staff pharmacist and who agrees to such designation, may provide the resident or a responsible person with up to a seventy-two-hour supply of a prescribed drug or drugs for use during that leave from the resident's previously dispensed package of such drugs. The drugs shall only be provided in accordance with protocols developed by the pharmaceutical services committee and shall be available for inspection. These protocols shall include the following:

(1) Criteria as to what constitutes an unscheduled therapeutic leave requiring the provision of drugs by the registered nurse;

(2) Procedures for repackaging and labeling the limited supply of previously dispensed drugs by the designated registered nurse that comply with all state and federal laws concerning the packaging and labeling of drugs;

(3) Provision to assure that none of the medication provided to the resident or responsible person may be returned to the resident's previously dispensed package of such drug or to the facility's stock.

(4) Assurance that the RN informs the resident or responsible person of:

(a) The name, strength and quantity of drug provided;

(b) The proper administration of the drug;

(c) Potential adverse responses to the drug; and

(d) What actions to take should adverse responses occur.

(5) Provision for documenting by the RN in the resident's health record:

(a) Date and time of unscheduled leave;

(b) Name, strength and quantity of drug provided;

(c) Name of person to whom the drug was given and by whom it was given; and

(d) Confirmation that information described in subsection (2) of this section was provided.

See WAC 246-865-070 for related regulations regarding this practice.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-810, filed 6/18/97, effective 7/19/97.]

WAC 246-840-820 Provision for clean, intermittent catheterization in schools. Public school districts and private schools that offer classes for any of the grades kindergarten through twelve may provide for clean, intermittent catheterization of students or assisted self-catheterization of students who are in the custody of the school district at the time in accordance with the following rules:

(1) The student's file shall contain a written request from the parent(s) or guardian for the clean, intermittent catheterization of the student.

(2) The student's file shall contain written permission from the parent(s) or guardian for the performance of the clean, intermittent catheterization procedure by the nonlicensed school employee.

(3) The student's file shall contain a current written order for clean, intermittent catheterization from the student's physician and shall include written instructions for the procedure. The order shall be reviewed and/or revised each school year.

(4) The student's file shall contain written, current, and unexpired instructions from a registered nurse licensed under chapter 18.79 RCW regarding catheterization which include:

(a) A designation of the school district or private school employee or employees who may provide for the catheterization; and

(b) A description of the nature and extent of any required supervision.

(5) The service shall be offered to all handicapped students and may be offered to the nonhandicapped students, at the discretion of the school board.

(6) The registered nurse shall develop instructions specific to the needs of the student. These shall be made available to the nonlicensed school employee and shall be updated each school year.

(7) The supervision of the self-catheterizing student shall be based on the needs of the student and the skill of the nonlicensed school employee.

(8) The registered nurse, designated by the school board, shall be responsible for the training of the nonlicensed school employees who are assigned to perform clean, intermittent catheterization of the students.

(9) The training of the nonlicensed school employee shall include but not be limited to:

(a) An initial in-service training, length determined by the registered nurse.

(b) An update of the instructions and a review of the procedure each school year.

(c) Anatomy, physiology, and pathophysiology of the urinary system including common anomalies for the appropriate age group served.

(d) Techniques common to the urinary catheterization procedure.

(e) Identification and care of the required equipment.

(f) Common signs and symptoms of infection and recommended procedures to prevent the development of infections.

(g) Identification of the psychosocial needs of the parent/guardian and the students with emphasis on the needs for privacy and confidentiality.

(h) Documentation requirements.

(i) Communication skills including the requirements for reporting to the registered nurse or the physician.

(j) Medications commonly prescribed for the clean, intermittent catheterization patient and their side effects.

(k) Contraindications for clean, intermittent catheterization and the procedure to be followed if the nonlicensed school employee is unable to catheterize the student.

(l) Training in catheterization specific to the student's needs.

(m) Developmental growth patterns of the appropriate age group served.

(n) Utilization of a teaching model to demonstrate catheterization techniques with return demonstration performed by the nonlicensed school employee, if a model is available.

(10) The training of the nonlicensed school employee shall be documented in the employee's permanent file.

[Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-820, filed 6/18/97, effective 7/19/97.]

WAC 246-840-830 Determination and pronouncement of death by a licensed registered nurse. A registered nurse may determine and pronounce death, but shall not certify death as defined in RCW 70.58.160 unless the registered nurse is a licensed ARNP as defined in WAC 246-840-300.

(1) A registered nurse may assume responsibility for the determination and pronouncement of death only if there are written policies and procedures relating to the determination and pronouncement of death in the organization with which the registered nurse is associated as an employee or by contract, provided:

(a) The decedent was under the care of a health care practitioner qualified to certify cause of death; and

(b) The decedent was a patient of the organization with which the registered nurse is associated; and

(c) There is a "do not resuscitate order" in the patient's record when the decedent was assisted by mechanical life support systems at the time of determination and pronouncement of death.

(2) A registered nurse who assumes responsibility for the determination and pronouncement of death shall be knowledgeable of the laws and regulations regarding death and human remains which affect the registered nurse's practice of this responsibility.

(3) A registered nurse who assumes responsibility for the determination and pronouncement of death shall:

(a) Perform a physical assessment of the patient's condition;

(b) Insure that family and physician and other caregivers are notified of the death; and

(c) Document the findings of the assessment and notification in all appropriate records.

[Statutory Authority: RCW 70.58.170, 70.58.180 and 2000 c 133. 00-17-179, § 246-840-830, filed 8/23/00, effective 9/23/00. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-830, filed 6/18/97, effective 7/19/97.]

NURSING TECHNICIANS

WAC 246-840-840 Nursing technician. The purpose of the nursing technician credential is to provide additional work related opportunities for students enrolled in an ADN or BSN program, within the limits of their education, to gain valuable judgment and knowledge through expanded work opportunities.

(1) The nursing technician is as defined in WAC 246-840-010(19).

(2) The nursing technician shall have knowledge and understanding of the laws and rules regulating the nursing technician and shall function within the legal scope of their authorization under chapter 18.79 RCW and shall be responsible and accountable for the specific nursing functions which they can safely perform as verified by their nursing program.

(3) The nursing technician shall work directly for the hospital or nursing home and may not be employed in these facilities through a temporary agency.

[Statutory Authority: Chapter 18.79 RCW and 2003 c 258. 04-13-053, § 246-840-840, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-840, filed 6/18/97, effective 7/19/97.]

WAC 246-840-850 Use of nomenclature. (1) Any person who meets the definition of nursing technician under WAC 246-840-010(21) shall use the title nursing technician.

(2) No person may practice or represent oneself as a nursing technician by use of any title or description of services without being registered under chapter 18.79 RCW, unless otherwise exempted by chapter 18.79 RCW.

[Statutory Authority: Chapter 18.79 RCW and 2003 c 258. 04-13-053, § 246-840-850, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-850, filed 6/18/97, effective 7/19/97.]

WAC 246-840-860 Nursing technician criteria. To be eligible for employment as a nursing technician a student must meet the following criteria:

(1) Satisfactory completion of at least one academic term (quarter or semester) of a nursing program approved by the commission. The term must have included a clinical component.

(2) Currently enrolled in a nursing commission approved program will be considered to include:

(a) All periods of regularly planned educational programs and all school scheduled vacations and holidays;

(b) Thirty days after graduation from an approved program; or

(c) Sixty days after graduation if the student has received a determination from the secretary that there is good cause to continue the registration period.

(d) Current enrollment does not include:

(i) Leaves of absence or withdrawal, temporary or permanent, from the nursing educational program.

(ii) Students who are awaiting the opportunity to reenroll in nursing courses.

(3) Applicants must complete seven clock hours of AIDS education as required by RCW 70.24.270 and chapter 246-12 WAC, Part 8.

[Statutory Authority: Chapter 18.79 RCW and 2003 c 258. 04-13-053, § 246-840-860, filed 6/11/04, effective 6/11/04. Statutory Authority: RCW 18.79.160. 97-17-049, § 246-840-860, filed 8/15/97, effective 9/15/97.]

WAC 246-840-870 Functions of the nursing technician. The nursing technician is authorized only to perform

specific nursing functions within the limits of their education, up to their skills and knowledge, as verified by their nursing program. The nursing technician:

(1) May function only under the direct supervision of a registered nurse who has agreed to act as supervisor and is immediately available.

(2) May gather information about patients and administer care to patients.

(3) May not assume ongoing responsibility for assessments, planning, implementation, or evaluation of the care of patients. The nursing technician may participate in all aspects of the nursing care process under the guidance of the registered nurse and within the scope of the nursing technician's education.

(4) May never function independently, act as a supervisor, or delegate tasks to licensed practical nurses, nursing assistants, or unlicensed personnel.

(5) May not administer chemotherapy, blood or blood products, intravenous medications, scheduled drugs, nor carry out procedures on central lines.

(6) May not perform any task or function that does not appear on the verification sent to the nursing technician's employer by the nursing program in which the nursing technician is enrolled. This document verifies that the nursing technician has demonstrated the ability and is safe to perform these tasks and functions. If the nursing technician is requested to perform any task not verified by the nursing program, the nursing technician must inform their supervisor that the task or function is not within their scope and must not perform the task.

[Statutory Authority: Chapter 18.79 RCW and 2003 c 258. 04-13-053, § 246-840-870, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-870, filed 6/18/97, effective 7/19/97.]

WAC 246-840-880 Functions of the registered nurse supervising the nursing technician. The registered nurse who is responsible for supervising the nursing technician:

(1) Is accountable at all times for the client's safety and well-being.

(2) Is responsible at all times for the nursing process as delineated in WAC 246-840-700 and this responsibility cannot be delegated.

(3) Shall maintain at all times an awareness of the care activities of the nursing technician and of the current assessment of the patient/resident.

(4) Shall be immediately available at all times to the nursing technician.

(5) Shall have knowledge of the specific nursing functions the nursing technician is authorized to perform. The authorized functions appear on the verification sent to the nursing technician's employer by the nursing program in which the nursing technician is enrolled.

[Statutory Authority: Chapter 18.79 RCW and 2003 c 258. 04-13-053, § 246-840-880, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-880, filed 6/18/97, effective 7/19/97.]

WAC 246-840-890 Functions of the employing facility. In addition to the responsibilities required by RCW 18.79.360 (4)(e), the employer of the nursing technician shall:

(1) Verify the nursing technician's enrollment in a nursing program approved by the commission.

(2) Verify that the nursing technician continues to qualify as a nursing technician and continues to be in good standing within three weeks of completion of each academic term (semester or quarter).

(3) Obtain and maintain written documentation of the specific nursing functions that the nursing technician may perform from the approved nursing program.

(4) Follow their own guidelines, policies, principles and procedures relating to nursing technicians.

(5) Identify the student nurse as a "nursing technician."

(6) Advise the department and nursing program of any practice-related action taken against the nursing technician. The employing facility shall notify the department at P.O. Box 47864, Olympia, Washington, 98504-7864.

(7) Provide training regarding the provisions of RCW 18.79.330 through 18.79.370 as specified in RCW 18.79.360 (4)(e).

[Statutory Authority: Chapter 18.79 RCW and 2003 c 258. 04-13-053, § 246-840-890, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-890, filed 6/18/97, effective 7/19/97.]

WAC 246-840-900 Functions of the nursing program. The nursing program in which the nursing technician is enrolled should:

(1) Provide to the employer written documentation of specific nursing functions the nursing technician may perform. This documentation should be based upon, and limited to, the nursing technician's education and demonstrated ability to safely perform the functions listed.

(2) Provide to the employer and the commission written documentation when a nursing technician is no longer considered to be in good standing as defined in WAC 246-840-010(16). The nursing program should notify the employer and the commission immediately if the nursing technician is no longer in good standing. Notification to the commission should be sent to P.O. Box 47864, Olympia, Washington, 98504-7864.

[Statutory Authority: Chapter 18.79 RCW and 2003 c 258. 04-13-053, § 246-840-900, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-900, filed 6/18/97, effective 7/19/97.]

WAC 246-840-905 How to register as a nursing technician. (1) An individual shall complete an application for registration on an application form prepared and provided by the secretary of the department of health. This application shall be submitted to P.O. Box 47864, Olympia, Washington, 98504-7864.

(2) Every applicant shall provide:

(a) The application fee under WAC 246-840-990.

(b) Verification of seven clock hours of AIDS education as required by RCW 70.24.270 and chapter 246-12 WAC, Part 8.

(c) A signed statement from the applicant's nursing program verifying enrollment in, or graduation from, the nursing program. If the applicant has not yet graduated, this statement will include the anticipated graduation date.

(d) A signed statement from the applicant's employer or prospective employer certifying that the employer under-

stands the role of the nursing technician and agrees to meet the requirements of RCW 18.79.360(4).

[Statutory Authority: Chapter 18.79 RCW and 2003 c 258. 04-13-053, § 246-840-905, filed 6/11/04, effective 6/11/04.]

DELEGATION OF NURSING CARE TASKS IN COMMUNITY-BASED AND IN-HOME CARE SETTINGS

WAC 246-840-910 Purpose. This rule defines a consistent standard of nursing care with the delegation of nursing tasks to nursing assistants. The registered nurse delegator makes independent professional decisions of the delegation of a nursing task. A licensed registered nurse may delegate specific nursing care tasks to nursing assistants meeting certain requirements and providing care to individuals in a community-based care setting defined by RCW 18.79.260 (3)(e)(i) and to individuals in an in-home care setting defined by RCW 18.79.260 (3)(e)(ii). Before delegating a task, the registered nurse delegator determines that specific criteria are met and the patient is in a stable and predictable condition. Registered nurses delegating tasks are accountable to the Washington state nursing care quality assurance commission. The registered nurse delegator and nursing assistant are accountable for their own individual actions in the delegation process. No person may coerce a registered nurse into compromising patient safety by requiring the registered nurse to delegate. Registered nurse delegators shall not delegate the following care tasks:

(1) Administration of medications by injection (by intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) with the exception of insulin injections.

(2) Sterile procedures.

(3) Central line maintenance.

(4) Acts that require nursing judgment.

[Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.-060], and 18.88A.210. 09-06-006, § 246-840-910, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 18.79.110, 18.79.260 (3)(f), 18.88A.-210, 2003 c 140. 04-14-065, § 246-840-910, filed 7/2/04, effective 7/2/04. Statutory Authority: Chapters 18.79 and 18.88A RCW. 02-02-047, § 246-840-910, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-910, filed 2/19/96, effective 3/21/96.]

WAC 246-840-920 Definitions. For the purposes of this chapter, the definitions in this section apply.

(1) "Authorized representative" means a person allowed to provide written consent for health care on behalf of a patient who is not competent to consent. Such person shall be a member of one of the classes of persons as directed in RCW 7.70.065.

(2) "Coercion" means to force or compel another, by authority, to do something that he/she would not otherwise choose to do.

(3) "Complex task" means that a nursing task may become more complicated because of:

(a) The patient's condition;

(b) The setting;

(c) The nursing care task(s) and involved risks; and

(d) The skill level required to perform the task.

The registered nurse delegator identifies and facilitates additional training of the nursing assistant prior to delegation in these situations. The registered nurse delegator decides if the task is not delegable. In no case, may administration of medications by injection with the exception of insulin injections, sterile procedures and central line maintenance be delegated.

(4) "Medication assistance" as defined in chapter 246-888 WAC does not require delegation by a licensed nurse.

(5) "Nursing assistant" means a nursing assistant-registered under chapter 18.88A RCW or a nursing assistant-certified under chapter 18.88A RCW, providing support and care to individuals served by certified community residential programs for the developmentally disabled, to individuals residing in licensed adult family homes, to in-home care and to individuals residing in licensed boarding homes.

(6) "Outcome" means the end result or consequence of an action after following a plan of care.

(7) "Patient" means the individual receiving nursing care tasks. In the community residential settings, the patient may be a client, consumer, or resident.

(8) "Personal care services" as defined in WAC 388-106-0010 do not require delegation by a licensed nurse.

(9) "Procedure" means a series of steps with a desired result; a particular course of action or way of doing something.

(10) "Registered nurse delegation" means the registered nurse transfers the performance of selected nursing tasks to competent nursing assistants in selected situations. The registered nurse delegating the task retains the responsibility and accountability for the nursing care of the patient.

(11) "Supervision" means the guidance and evaluation by a registered nurse delegator for the accomplishment of a nursing task or activity, including the initial direction of the task or activity; periodic inspection at least every ninety days of the actual act of accomplishing the task or activity; and the authority to require corrective action.

(12) "Immediate supervision" means the registered nurse delegator is on the premises, within audible and visual range of the patient and the patient assessment by the registered nurse delegator occurs prior to the delegation of duties to any care giver.

(13) "Direct supervision" means the registered nurse delegator on the premises, quickly and easily available and the patient assessment by the registered nurse delegator occurs prior to the delegation of the duties to any care giver.

(14) "Indirect supervision" means the registered nurse delegator is not on the premises. The registered nurse delegator previously provided written instructions for the care and treatment of the patient. The registered nurse delegator documents in the patient record the instruction to the nursing assistant, observation of the delegated task, and confirmation of the nursing assistant understanding the directions.

(15) "Stable and predictable condition" means the registered nurse delegator determines the patient's clinical and behavioral status is nonfluctuating and consistent. Stable and predictable may include a terminally ill patient whose deteriorating condition is expected. Stable and predictable may include a patient with sliding scale insulin orders. The registered nurse delegator determines the patient does not require frequent nursing presence and evaluation.

[Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.-060], and 18.88A.210. 09-06-006, § 246-840-920, filed 2/18/09, effective 3/21/09. Statutory Authority: Chapters 18.79 and 18.88A RCW. 02-02-047,

§ 246-840-920, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-920, filed 2/19/96, effective 3/21/96.]

WAC 246-840-930 Criteria for delegation. (1) Before delegating a nursing task, the registered nurse delegator decides the task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.

ASSESS

(2) The setting allows delegation because it is a community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii).

(3) Assess the patient's nursing care needs and determine the patient's condition is stable and predictable. A patient may be stable and predictable with an order for sliding scale insulin or terminal condition.

(4) Determine the task to be delegated is within the delegating nurse's area of responsibility.

(5) Determine the task to be delegated can be properly and safely performed by the nursing assistant. The registered nurse delegator assesses the potential risk of harm for the individual patient.

(6) Analyze the complexity of the nursing task and determine the required training or additional training needed by the nursing assistant to competently accomplish the task. The registered nurse delegator identifies and facilitates any additional training of the nursing assistant needed prior to delegation. The registered nurse delegator ensures the task to be delegated can be properly and safely performed by the nursing assistant.

(7) Assess the level of interaction required. Consider language or cultural diversity affecting communication or the ability to accomplish the task and to facilitate the interaction.

(8) Verify that the nursing assistant:

(a) Is currently registered or certified as a nursing assistant in Washington state without restriction;

(b) As required in WAC 246-841-405 (2)(a), nursing assistants registered have completed both the basic caregiver training and core delegation training before performing any delegated task;

(c) Has a certificate of completion issued by the department of social and health services indicating completion of the required core nurse delegation training;

(d) Has a certificate of completion issued by the department of social and health services indicating completion of diabetes training when providing insulin injections to a diabetic client; and

(e) Is willing and able to perform the task in the absence of direct or immediate nurse supervision and accept responsibility for their actions.

(9) Assess the ability of the nursing assistant to competently perform the delegated nursing task in the absence of direct or immediate nurse.

(10) If the registered nurse delegator determines delegation is appropriate, the nurse:

(a) Discusses the delegation process with the patient or authorized representative, including the level of training of the nursing assistant delivering care.

(b) Obtains written consent. The patient, or authorized representative, must give written, consent to the delegation process under chapter 7.70 RCW. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within thirty days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse or nursing assistant will be participating in the process.

PLAN

(11) Document in the patient's record the rationale for delegating or not delegating nursing tasks.

(12) Provide specific, written delegation instructions to the nursing assistant with a copy maintained in the patient's record that includes:

(a) The rationale for delegating the nursing task;

(b) The delegated nursing task is specific to one patient and is not transferable to another patient;

(c) The delegated nursing task is specific to one nursing assistant and is not transferable to another nursing assistant;

(d) The nature of the condition requiring treatment and purpose of the delegated nursing task;

(e) A clear description of the procedure or steps to follow to perform the task;

(f) The predictable outcomes of the nursing task and how to effectively deal with them;

(g) The risks of the treatment;

(h) The interactions of prescribed medications;

(i) How to observe and report side effects, complications, or unexpected outcomes and appropriate actions to deal with them, including specific parameters for notifying the registered nurse delegator, health care provider, or emergency services;

(j) The action to take in situations where medications and/or treatments and/or procedures are altered by health care provider orders, including:

(i) How to notify the registered nurse delegator of the change;

(ii) The process the registered nurse delegator uses to obtain verification from the health care provider of the change in the medical order; and

(iii) The process to notify the nursing assistant of whether administration of the medication or performance of the procedure and/or treatment is delegated or not;

(k) How to document the task in the patient's record;

(l) Document teaching done and a return demonstration, or other method for verification of competency; and

(m) Supervision shall occur at least every ninety days. With delegation of insulin injections, the supervision occurs at least weekly for the first four weeks, and may be more frequent.

(13) The administration of medications may be delegated at the discretion of the registered nurse delegator, including insulin injections. Any other injection (intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) is prohibited. The registered nurse delegator provides to the nursing assistant written directions specific to an individual patient.

IMPLEMENT

(14) Delegation requires the registered nurse delegator teach the nursing assistant how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator.

(15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s).

EVALUATE

(16) The registered nurse delegator evaluates the patient's responses to the delegated nursing care and to any modification of the nursing components of the patient's plan of care.

(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant, including direct observation or other method of verification of competency of the nursing assistant. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant, the outcome of the task, and any problems.

(18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occurs at least every ninety days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.

(19) The registered nurse must supervise and evaluate the performance of the nursing assistant with delegated insulin injection authority at least weekly for the first four weeks. After the first four weeks the supervision shall occur at least every ninety days.

[Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.-060], and 18.88A.210. 09-06-006, § 246-840-930, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 18.79.110, 18.79.260 (3)(f), 18.88A.-210, 2003 c 140. 04-14-065, § 246-840-930, filed 7/2/04, effective 7/2/04. Statutory Authority: Chapters 18.79 and 18.88A RCW. 02-02-047, § 246-840-930, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-930, filed 6/18/97, effective 7/19/97; 96-05-060, § 246-840-930, filed 2/19/96, effective 3/21/96.]

WAC 246-840-940 Washington state nursing care quality assurance commission community-based and in-home care setting delegation decision tree.

(1)	Does the patient reside in one of the following settings? A community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii).	No ⇒	Do not delegate
Yes ↓			
(2)	Has the patient or authorized representative given consent to the delegation?	No ⇒	Obtain the written, informed consent
Yes ↓			
(3)	Is RN assessment of patient's nursing care needs completed?	No ⇒	Do assessment, then proceed with a consideration of delegation
Yes ↓			
(4)	Does the patient have a stable and predictable condition?	No ⇒	Do not delegate
Yes ↓			
(5)	Is the task within the registered nurse's scope of practice?	No ⇒	Do not delegate
Yes ↓			
(6)	Is the nursing assistant registered or certified and properly trained in the nurse delegation for nursing assistants? Is the nursing assistant trained in diabetes care and insulin injections when delegating insulin?	No ⇒	Do not delegate
Yes ↓			
(7)	Does the delegation exclude the administration of medications by injection other than insulin, sterile procedures or central line maintenance?	No ⇒	Do not delegate
Yes ↓			
(8)	Can the task be performed without requiring judgment based on nursing knowledge?	No ⇒	Do not delegate
Yes ↓			
(9)	Are the results of the task reasonably predictable?	No ⇒	Do not delegate
Yes ↓			
(10)	Can the task be safely performed according to exact, unchanging directions?	No ⇒	Do not delegate
Yes ↓			
(11)	Can the task be performed without a need for complex observations or critical decisions?	No ⇒	Do not delegate
Yes ↓			
(12)	Can the task be performed without repeated nursing assessments?	No ⇒	Do not delegate
Yes ↓			
(13)	Can the task be performed properly?	No ⇒	Do not delegate
Yes ↓			
(14)	Is appropriate supervision available? With insulin injections, the supervision occurs at least weekly for the first four weeks.	No ⇒	Do not delegate
Yes ↓			
(15)	There are no specific laws or rules prohibiting the delegation?	No ⇒	Do not delegate
Yes ↓			
(16)	Task is delegable		

[Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.-060], and 18.88A.210. 09-06-006, § 246-840-940, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 18.79.110, 18.79.260 (3)(f), 18.88A.-210, 2003 c 140. 04-14-065, § 246-840-940, filed 7/2/04, effective 7/2/04. Statutory Authority: Chapters 18.79 and 18.88A RCW. 02-02-047, § 246-840-940, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-940, filed 6/18/97, effective 7/19/97; 96-05-060, § 246-840-940, filed 2/19/96, effective 3/21/96.]

WAC 246-840-950 How to make changes to the delegated tasks. (1) **Medication.** The registered nurse delegator discusses with the nursing assistant the process for continu-

ing, rescinding, or adding medications to the delegation list when the changes occur:

(a) The registered nurse delegator verifies the change in medication or a new medication order with the health care provider;

(b) If the medication dosage or type of medication changes or for the same problem (i.e., one medication is deleted and another is substituted) and the patient remains in a stable and predictable condition, delegation continues at the registered nurse delegator's discretion; and

(c) If a new medication is added, the registered nurse delegator reviews the criteria and process for delegation prior to delegating the administration of the new medication to the nursing assistant. The registered nurse delegator maintains the authority to decide if the new medication can be delegated immediately, if a site visit is warranted prior to delegation, or if delegation is no longer appropriate. If delegation is rescinded, the registered nurse delegator initiates and participates in developing an alternative plan to meet the needs of the patient.

(2) **Treatments and/or procedures.**

(a) The registered nurse delegator verifies the change in the medical order with the health care provider.

(b) The registered nurse delegator decides if the new treatment or procedure can be delegated immediately, if a site visit is warranted prior to delegation, or if delegation is no longer appropriate. If rescinding delegation, the registered nurse delegator initiates and participates in developing an alternative plan to meet the needs of the patient.

Transferring delegation to another registered nurse.

(3) The registered nurse delegator may transfer the delegation process to another registered nurse. The registered nurse assuming responsibility assesses the patient, the skills of the nursing assistant, and the plan of care. The registered nurse is accountable and responsible for the delegated task. The registered nurse delegator must document the following in the patient's record:

(a) The reason and justification for another registered nurse assuming responsibility for the delegation;

(b) The registered nurse assuming responsibility must agree, in writing, to perform the supervision; and

(c) The nursing assistant and patient have been informed of this change.

[Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.-060], and 18.88A.210. 09-06-006, § 246-840-950, filed 2/18/09, effective 3/21/09. Statutory Authority: Chapters 18.79 and 18.88A RCW. 02-02-047, § 246-840-950, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-950, filed 2/19/96, effective 3/21/96.]

WAC 246-840-960 Rescinding delegation. (1) The registered nurse delegator may rescind delegation of the nursing task based on the following circumstances which may include, but are not limited to:

(a) The registered nurse delegator believes patient safety is being compromised;

(b) The patient's condition is no longer stable and predictable;

(c) When the frequency of staff turnover makes delegation impractical to continue in the setting;

(d) A change in the nursing assistant's willingness or competency to do the task;

(e) When the task is not being performed correctly;

(f) When the patient or authorized representative requests rescinding the delegation;

(g) When the facility's license lapsed; or

(h) When caregivers are not currently registered, certified, or have restrictions to practice.

(2) In the event delegation is rescinded, the registered nurse delegator initiates and participates in developing an alternative plan to provide continuity of the task or assumes responsibility for performing the task.

(3) The registered nurse delegator documents the reason for rescinding delegation of the task and the plan for continuing the task.

[Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.-060], and 18.88A.210. 09-06-006, § 246-840-960, filed 2/18/09, effective 3/21/09. Statutory Authority: Chapters 18.79 and 18.88A RCW. 02-02-047, § 246-840-960, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-960, filed 2/19/96, effective 3/21/96.]

WAC 246-840-970 Accountability, liability, and coercion. (1) The registered nurse delegator and nursing assistant are accountable for their own individual actions in the delegation process. While the delegated task becomes the responsibility of the nursing assistant, the registered nurse delegator retains overall accountability for the nursing care of the patient.

(2) Under RCW 18.79.260 (3)(d)(iv), delegating nurses acting within their delegation authority shall be immune from liability for any action performed in the course of their delegation duties.

(3) Under RCW 18.88A.230(1), nursing assistants following written delegation instructions from registered nurse delegators for delegated tasks shall be immune from liability.

(4) Complaints regarding delegation of nursing tasks may be reported to the aging and adult services administration of the department of social and health services or via a toll-free telephone number.

(5) All complaints related to registered nurse delegators shall be referred to the nursing care quality assurance commission.

(6) All complaints related to nursing assistants performing delegated tasks shall be referred to the secretary of health.

(7) Under RCW 18.79.260 (3)(c), no person may coerce the registered nurse delegator into compromising patient safety by requiring the nurse to delegate if the registered nurse delegator determines it is inappropriate to do so. Registered nurse delegators shall not be subject to any employer reprisal or disciplinary action by the Washington nursing care quality assurance commission for refusing to delegate tasks or refusing to provide the required training for delegation if the nurse determines delegation may compromise patient safety.

(8) Under RCW 18.88A.230(2), nursing assistants shall not be subject to any employer reprisal or disciplinary action by the secretary for refusing to accept delegation of a nursing task based on patient safety issues.

[Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.-060], and 18.88A.210. 09-06-006, § 246-840-970, filed 2/18/09, effective 3/21/09. Statutory Authority: Chapters 18.79 and 18.88A RCW. 02-02-047,

§ 246-840-970, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. 96-05-060, § 246-840-970, filed 2/19/96, effective 3/21/96.]

WAC 246-840-990 Fees and renewal cycle. (1) Applicants for a practical nurse license must pay the application fee and the nursing center surcharge fee when applying for a license. Licenses for practical nurse must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2. Practical nurses must pay the renewal fee and the nursing center surcharge fee when renewing licenses.

(2) Applicants for a registered nurse license must pay the application fee, the RN UW online access fee (HEAL-WA), and the nursing center surcharge fee when applying for a license. Licenses for registered nurse must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2. Registered nurses must pay the renewal fee, the HEAL-WA fee, and the nursing center surcharge fee when renewing licenses.

(3) Licenses for advanced registered nurse must be renewed every two years on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(4) Registrations for nursing technicians must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2. The renewal must be accompanied by an attestation as described in RCW 18.79.370. This attestation will include the nursing technician's anticipated graduation date. If the anticipated graduation date is within one year, the registration will expire thirty days after the anticipated graduation date. The expiration date may be extended to sixty days after graduation if the nursing technician can show good cause as defined in WAC 246-840-010(15).

(5) The following nonrefundable fees shall be charged by the health professions quality assurance division of the department of health. Persons who hold an RN and an LPN license shall be charged separate fees for each license. Persons who are licensed as an advanced registered nurse practitioner in more than one specialty will be charged a fee for each specialty:

RN/LPN fees:

Title of Fee	Fee
RN application (initial or endorsement)	$67.00
LPN application (initial or endorsement)	87.00
RN license renewal	76.00
LPN license renewal	91.00
Late renewal penalty	50.00
Expired license reissuance	70.00
Inactive renewal	40.00
Expired inactive license reissuance	40.00
Inactive late renewal penalty	30.00
Duplicate license	20.00
Verification of licensure/education (written)	25.00
Nursing center surcharge	5.00
RN UW online access fee (HEAL-WA)	16.00

Advanced registered nurse fees:

Title of Fee	Fee
ARNP application with or without prescriptive authority (per specialty)	$92.00
ARNP renewal with or without prescriptive authority (per specialty)	96.00
ARNP late renewal penalty (per specialty)	50.00
ARNP duplicate license (per specialty)	20.00
ARNP written verification of license (per specialty)	25.00

Nurse technologist fees:

Title of Fee	Fee
Application fee registration	$92.00
Renewal of registration	91.00
Duplicate registration	15.00
Registration late renewal penalty	50.00

[Statutory Authority: RCW 43.70.110 (3)(c) and 43.70.250. 12-19-088, § 246-840-990, filed 9/18/12, effective 11/1/12. Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37. 10-19-071, § 246-840-990, filed 9/16/10, effective 10/15/10. Statutory Authority: RCW 43.70.110, 43.70.-250, 2008 c 329. 08-15-014, § 246-840-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 43.70.010, 43.70.250, and 2005 c 268. 05-20-107, § 246-840-990, filed 10/5/05, effective 11/5/05. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. 05-12-012, § 246-840-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250 and chapter 18.79 RCW. 04-04-054, § 246-840-990, filed 1/30/04, effective 1/30/04. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-990, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-23-075, § 246-840-990, filed 11/19/97, effective 1/12/98. Statutory Authority: RCW 18.79.200. 95-12-021, § 246-840-990, filed 5/31/95, effective 7/1/95.]