

Chapter 246-841 WAC NURSING ASSISTANTS

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 246-841-480 Students (trainees) in approved training programs. [Statutory Authority: RCW 18.88A.060. WSR 91-07-049 (Order 116B), recodified as § 246-841-480, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. WSR 90-20-018 (Order 091), § 308-173-265, filed 9/21/90, effective 10/22/90.] Repealed by WSR 08-06-100, filed 3/5/08, effective 4/5/08. Statutory Authority: RCW 18.88A.060(1) and 18.88A.030(5).
246-841-610 AIDS prevention and information education requirements. [Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-841-610, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.88A.050, 18.130.050, 18.130.080 and 70.24.270. WSR 92-02-018 (Order 224), § 246-841-610, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-841-610, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. WSR 88-22-077 (Order PM 786), § 308-173-100, filed 11/2/88.] Repealed by WSR 21-04-016, filed 1/22/21, effective 2/22/21. RCW 18.79.110, 18.88A.060 and 2020 c 76.
246-841-710 General provisions. [Statutory Authority: RCW 18.88A.050, 18.130.050 and 18.130.080. WSR 92-02-018 (Order 224), § 246-841-710, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-841-710, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-173-010, filed 6/30/89.] Repealed by WSR 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.
246-841-730 Courts. [Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-841-730, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-173-070, filed 6/30/89.] Repealed by WSR 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.
246-841-740 State and federal agencies. [Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-841-740, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-173-080, filed 6/30/89.] Repealed by WSR 97-20-101, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.040.

WAC 246-841-400 Standards of practice and competencies for nursing assistants. Competencies and standards of practice are statements of skills and knowledge, and are written as descriptions of observable, measurable behaviors. All competencies are performed under the direction and supervision of a licensed registered nurse or licensed practical nurse as required by RCW 18.88A.030. The following competencies are considered standards of practice for both nursing assistant-certified and nursing assistant-registered:

(1) **Basic technical skills.** A nursing assistant demonstrates basic technical skills which facilitate an optimal level of functioning for client or resident, recognizing individual, cultural, and religious diversity. A nursing assistant:

(a) Demonstrates proficiency in cardiopulmonary resuscitation (CPR) and can perform CPR independently.

(b) Takes and records vital signs.

(c) Measures and records height and weight.

(d) Measures and records fluid and food intake and output.

(e) Recognizes normal body functions, deviations from normal body functions and the importance of reporting deviations in a timely manner to a supervising nurse.

(f) Recognizes, responds to and reports client's or resident's emotional, social, cultural and mental health needs.

(g) Recognizes, responds to and reports problems in client's or resident's environment to ensure safety and comfort of client.

(h) Participates in care planning and nursing reporting process.

(2) **Personal care skills.** A nursing assistant demonstrates basic personal care skills. A nursing assistant:

(a) Assists client or resident with bathing, oral care, and skin care.

(b) Assists client or resident with grooming and dressing.

(c) Provides toileting assistance to client or resident.

(d) Assists client or resident with eating and hydration.

(e) Uses proper oral feeding techniques.

(3) **Mental health and social service needs.** A nursing assistant demonstrates the ability to identify psychosocial needs of all clients or residents based upon awareness of the developmental and age specific processes. A nursing assistant:

(a) Addresses individual behavioral needs of the client or resident.

(b) Knows the developmental tasks associated with the developmental and age specific processes.

(c) Allows the client or resident to make personal choices, but provides and reinforces behaviors consistent with the client's or resident's dignity.

(d) Is sensitive and supportive and responds to the emotional needs of the clients or residents and their sources of emotional support.

(4) **Care of cognitively impaired residents.** A nursing assistant demonstrates basic care of cognitively impaired clients or residents. A nursing assistant:

(a) Uses techniques for addressing the unique needs and behaviors of individuals with cognitive impairment including Alzheimer's, dementia, delirium, developmental disabilities, mental illnesses and other conditions.

(b) Communicates with cognitively impaired clients or residents in a manner appropriate to their needs.

(c) Demonstrates sensitivity to the behavior of cognitively impaired clients or residents.

(d) Appropriately responds to the behavior of cognitively impaired clients or residents.

(5) **Basic restorative services.** The nursing assistant incorporates principles and skills in providing restorative care. A nursing assistant:

(a) Demonstrates knowledge and skill in using assistive devices in ambulation, transferring, eating, and dressing.

(b) Demonstrates knowledge and skill in the maintenance of range of motion.

(c) Demonstrates proper techniques for turning and positioning a client or resident in a bed and chair.

(d) Demonstrates proper techniques for transferring and ambulating client or resident.

(e) Demonstrates knowledge about methods for meeting the elimination needs of clients or residents.

(f) Demonstrates knowledge and skill for the use and care of prosthetic devices by client or resident.

(g) Uses basic restorative services by training the client or resident in self care according to the client's or resident's capabilities.

(6) **Client or resident rights and promotion of independence.** A nursing assistant demonstrates behavior which maintains and respects client or resident rights and promotes independence, regardless of race, religion, life-style, sexual preference, disease process, or ability to pay. A nursing assistant:

(a) Recognizes that client or resident has the right to participate in decisions about his or her care.

(b) Recognizes and respects clients' or residents' need for privacy and confidentiality.

(c) Promotes and respects the client or resident right to make personal choices to accommodate their needs.

(d) Reports client or resident concerns.

(e) Provides assistance to client or resident in getting to and participating in activities.

(f) Respects the property of client or resident and employer and does not take equipment, material, property or medications for his, her or other's use or benefit. A nursing assistant may not solicit, accept or borrow money, material or property from client or resident for his, her or other's use or benefit.

(g) Promotes client or resident right to be free from abuse, mistreatment, and neglect.

(h) Intervenes appropriately on the client's or resident's behalf when abuse, mistreatment or neglect is observed.

(i) Complies with mandatory reporting requirements by reporting to the department of health and the department of social and health services instances of neglect, abuse, exploitation or abandonment.

(j) Participates in the plan of care with regard to the use of restraints in accordance with current professional standards.

(7) **Communication and interpersonal skills.** A nursing assistant uses communication and interpersonal skills effectively to function as a member of the nursing team. A nursing assistant:

(a) Reads, writes, speaks, and understands English at the level necessary for performing duties of the nursing assistant.

(b) Listens and responds to verbal and nonverbal communication in an appropriate manner.

(c) Recognizes how his or her own behavior influences client's or resident's behavior and uses resources for obtaining assistance in understanding the client's or resident's behavior.

(d) Adjusts his or her own behavior to accommodate client's or resident's physical or mental limitations.

(e) Uses terminology accepted in the health care setting to record and report observations and pertinent information.

(f) Appropriately records and reports observations, actions, and information accurately and in a timely manner.

(g) Is able to explain policies and procedures before and during care of the client or resident.

(8) **Infection control.** A nursing assistant uses standard and transmission based precautions to prevent the spread of microorganisms. A nursing assistant:

(a) Uses principles of medical asepsis and demonstrates infection control techniques and standard and transmission based precautions.

(b) Explains how disease causing microorganisms are spread.

(c) Is knowledgeable regarding transmission of bloodborne pathogens.

(d) Demonstrates knowledge of cleaning agents and methods which destroy microorganisms on surfaces.

(9) **Safety and emergency procedures.** A nursing assistant demonstrates the ability to identify and implement safety and emergency procedures. A nursing assistant:

(a) Provides an environment with adequate ventilation, warmth, light, and quiet.

(b) Promotes a clean, orderly, and safe environment including equipment for a client or resident.

(c) Identifies and utilizes measures for accident prevention.

(d) Demonstrates principles of good body mechanics for self and client or resident, using the safest and most efficient methods to lift and move clients, residents, or heavy items.

(e) Demonstrates proper use of protective devices in care of clients or residents.

(f) Demonstrates knowledge and follows fire and disaster procedures.

(g) Identifies and demonstrates principles of health and sanitation in food service.

(h) Demonstrates the proper use and storage of cleaning agents and other potentially hazardous materials.

(10) **Rules and regulations knowledge.** A nursing assistant demonstrates knowledge of and can explain the practical implications of the laws and regulations which affect nursing assistant practice including but not limited to:

(a) Mandatory reporting procedures related to client or resident abuse, neglect, abandonment, and exploitation.

(b) Scope of practice.

(c) Workers right to know.

(d) The Uniform Disciplinary Act.

[Statutory Authority: RCW 18.88A.060(1) and 18.88A.030(5). WSR 08-06-100, § 246-841-400, filed 3/5/08, effective 4/5/08. Statutory Authority: RCW 18.88A.060. WSR 91-23-077 (Order 214B), § 246-841-400, filed 11/19/91, effective 12/20/91; WSR 91-07-049 (Order 116B), reconfirmed as § 246-841-400, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. WSR 90-20-018 (Order 091), § 308-173-210, filed 9/21/90, effective 10/22/90.]

WAC 246-841-405 Nursing assistant delegation. Provision for delegation of certain tasks.

(1) Nursing assistants perform tasks delegated by a registered nurse for patients in community-based care settings or in-home care settings each as defined in RCW 18.79.260 (3) (e).

(2) Before performing any delegated task:

(a) Nursing assistants-registered must show the certificate of completion of both the basic caregiver training and core delegation training from the department of social and health services to the registered nurse delegator.

(b) Nursing assistants-certified must show the certificate of completion of the core delegation training from the department of social and health services to the registered nurse delegator.

(c) All nursing assistants must comply with all applicable requirements of the nursing care quality assurance commission in WAC 246-840-910 through 246-840-970.

(d) All nursing assistants, registered and certified, who may be completing insulin injections must give a certificate of completion of diabetic training from the department of social and health services to the registered nurse delegator.

(e) All nursing assistants must meet any additional training requirements identified by the nursing care quality assurance commission. Any exceptions to additional training requirements must comply with RCW 18.79.260 (3) (e) (v).

(3) Delegated nursing care tasks described in this section are:

(a) Only for the specific patient receiving delegation;

(b) Only with the patient's consent; and

(c) In compliance with all applicable requirements in WAC 246-840-910 through 246-840-970.

(4) A nursing assistant may consent or refuse to consent to perform a delegated nursing care task. The nursing assistant is responsible for their own actions with the decision to consent or refuse to consent and the performance of the delegated nursing care task.

(5) Nursing assistants shall not accept delegation of, or perform, the following nursing care tasks:

(a) Administration of medication by injection, with the exception of insulin injections;

(b) Sterile procedures;

(c) Central line maintenance;

(d) Acts that require nursing judgment.

[Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.060], and 18.88A.210. WSR 09-06-006, § 246-841-405, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 18.88A.060 and 2003 c 140. WSR 04-14-064, § 246-841-405, filed 7/2/04, effective 7/2/04. Statutory Authority: Chapter 18.88A RCW. WSR 96-06-029, § 246-841-405, filed 2/28/96, effective 3/30/96.]

WAC 246-841-410 Purpose of the review and approval of nursing assistant-certified training programs. The nursing care quality assurance commission (commission) approve nursing assistant-certified training programs. The commission reviews and approves training programs to:

(1) Assure preparation for safe practice as a nursing assistant-certified by requiring nursing assistant-certified programs meet minimum standards.

(2) Provide guidance for development of new nursing assistant-certified training programs.

(3) Facilitate career mobility of nursing assistants-certified into nursing educational programs in other levels of nursing.

(4) Identify training standards and achieved competencies of nursing assistants-certified in the state of Washington for the purpose of interstate communications and endorsements.

[Statutory Authority: RCW 18.88A.060(1) and 18.88A.030(5). WSR 08-06-100, § 246-841-410, filed 3/5/08, effective 4/5/08. Statutory Authority: RCW 18.88A.060. WSR 91-23-077 (Order 214B), § 246-841-410, filed 11/19/91, effective 12/20/91; WSR 91-07-049 (Order 116B), reclassified as § 246-841-410, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. WSR 90-20-018 (Order 091), § 308-173-220, filed 9/21/90, effective 10/22/90.]

WAC 246-841-420 Requirements for approval of nursing assistant-certified training programs. To qualify as a nursing assistant-certified training program, an institution or facility must:

(1) Submit a completed application packet provided by the department of health. The packet will include forms and instructions to submit the following:

(a) Program objectives.

(b) Curriculum content outline.

(c) Qualifications of program director and additional instructional staff.

(d) Contractual agreements related to providing this training. For any program that uses another facility to provide clinical training, this includes an affiliation agreement between the training program and the facility. The affiliation agreement must describe how the program will provide clinical experience in the facility. The agreement must specify the rights and responsibilities of both parties, students and clients or residents.

(e) Sample lesson plan for one unit.

(f) Skills checklist.

(g) Description of classroom facilities.

(h) Declaration of compliance with administrative guidelines signed by the program director.

(i) Verification that the program director has completed a course on adult instruction as required by WAC 246-841-470(3) or has one year of experience in the past three years teaching adults. Acceptable experience does not include in-service education or patient teaching. A program director working exclusively in a postsecondary educational setting is exempt from this requirement.

(j) Verification that the nursing assistant-certified training program or school is approved to operate in the state of Washington by:

(i) The state board for community and technical colleges;

- (ii) The superintendent of public instruction; or
- (iii) The workforce training and education coordinating board.

(2) Agree to on-site survey of the training program, as requested by the commission. This on-site will be coordinated with other on-site review requirements when possible.

(3) Participate in the renewal process every two years. Failure to renew results in automatic withdrawal of approval of the program.

(4) Comply with any changes in training standards and guidelines in order to maintain approved status.

(5) Notify the commission and any other approving agency of any changes in overall curriculum plan or major curriculum content changes prior to implementation.

(6) Notify the commission and any other approving agency of changes in program director or instructors.

[Statutory Authority: RCW 18.88A.060(1) and 18.88A.030(5). WSR 08-06-100, § 246-841-420, filed 3/5/08, effective 4/5/08. Statutory Authority: RCW 18.88A.060. WSR 91-07-049 (Order 116B), recodified as § 246-841-420, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. WSR 90-20-018 (Order 091), § 308-173-230, filed 9/21/90, effective 10/22/90.]

WAC 246-841-430 Denial or withdrawal of approval for nursing assistant-certified training programs.

(1) When the commission determines that a nursing assistant-certified training program fails to meet the standards for training as contained in this chapter, the commission may:

- (a) Deny approval to a new program; or
- (b) Withdraw approval from existing programs.

(2) The commission may conduct a review or site visit to investigate:

- (a) Complaints relating to violations of this chapter.
- (b) Failure to notify the commission of any changes in the overall curriculum plan or major content changes prior to implementation.
- (c) Failure to notify the commission of changes in program director or instructor.
- (d) Providing false or misleading information to students or the public concerning the nursing assistant-certified training program.
- (e) Failure to secure or retain a qualified program director resulting in substandard supervision and teaching of students.
- (f) Failure to maintain an average passing rate of eighty percent on the state-approved examination. If a program:
 - (i) Fails to maintain an average passing rate of eighty percent of first time test takers for two consecutive years, the commission will require the program to assess the problem and submit a plan of correction.
 - (ii) Fails to maintain an average passing rate of eighty percent of first time test takers 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 an average passing rate of eighty percent of first time test takers for four out of five consecutive years, the commission may place the program on conditional approval and require an evaluation visit.

(3) Commission approval is automatically terminated if the program does not renew.

[Statutory Authority: RCW 18.88A.060(1) and 18.88A.030(5). WSR 08-06-100, § 246-841-430, filed 3/5/08, effective 4/5/08. Statutory Authority: RCW 18.88A.060. WSR 91-23-077 (Order 214B), § 246-841-430, filed 11/19/91, effective 12/20/91; WSR 91-07-049 (Order 116B), recodified as § 246-841-430, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. WSR 90-20-018 (Order 091), § 308-173-240, filed 9/21/90, effective 10/22/90.]

WAC 246-841-440 How does a nursing assistant training program whose approval has been withdrawn become reinstated? (1) The commission may consider reinstatement of a nursing assistant-certified training program upon submission of satisfactory evidence that the program meets the standards of nursing assistant training as contained in this chapter.

(2) A program that is automatically terminated for failure to participate in the renewal process may be immediately reinstated upon meeting all conditions for a new application approval.

[Statutory Authority: RCW 18.88A.060(1) and 18.88A.030(5). WSR 08-06-100, § 246-841-440, filed 3/5/08, effective 4/5/08. Statutory Authority: RCW 18.88A.060. WSR 91-23-077 (Order 214B), § 246-841-440, filed 11/19/91, effective 12/20/91; WSR 91-07-049 (Order 116B), recodified as § 246-841-440, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. WSR 90-20-018 (Order 091), § 308-173-245, filed 9/21/90, effective 10/22/90.]

WAC 246-841-450 Appeal rights of a nursing assistant-certified training program when the commission has denied or withdrawn approval. A nursing assistant-certified training program that has been denied or had approval withdrawn shall have the right to a hearing to appeal the commission's decision according to the provisions of chapter 18.88A RCW and chapter 34.05 RCW, the Administrative Procedure Act, Parts IV and V.

[Statutory Authority: RCW 18.88A.060(1) and 18.88A.030(5). WSR 08-06-100, § 246-841-450, filed 3/5/08, effective 4/5/08. Statutory Authority: RCW 18.88A.060. WSR 91-07-049 (Order 116B), recodified as § 246-841-450, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. WSR 90-20-018 (Order 091), § 308-173-250, filed 9/21/90, effective 10/22/90.]

WAC 246-841-460 Closure of an approved nursing assistant-certified training program. When an approved nursing assistant-certified training program closes, it shall notify the commission in writing, stating the reason and the date of intended closing.

[Statutory Authority: RCW 18.88A.060(1) and 18.88A.030(5). WSR 08-06-100, § 246-841-460, filed 3/5/08, effective 4/5/08. Statutory Authority: RCW 18.88A.060. WSR 91-07-049 (Order 116B), recodified as § 246-841-460, filed 3/18/91, effective 4/18/91. Statutory Authority:

WAC 246-841-470 Program directors and instructors in approved nursing assistant-certified training programs. (1) The program director must hold a current license in good standing as a registered nurse (RN) in the state of Washington.

(2) The commission may deny or withdraw a program director's approval if there is or has been any action taken against the director's health care license or any license held by the director which allows him or her to work with vulnerable populations.

(3) The program director must complete a training course on adult instruction or have demonstrated that he or she has one year experience teaching adults.

(a) Acceptable experience does not include in-service education or patient teaching.

(b) The training course on adult instruction must provide instruction in:

(i) Understanding the adult learner.

(ii) Techniques for teaching adults.

(iii) Classroom methods for teaching adults.

(iv) Audio visual techniques for teaching adults.

(c) A program director working exclusively in a postsecondary educational setting is exempt from this requirement.

(4) The program director will have a minimum of three years of experience as an RN, of which at least one year will be in direct patient care.

(5) The program director must meet the requirements for additional staff under subsection (7)(b) of this section if the program director will also be acting as an instructor.

(6) Program director responsibilities:

(a) Develop and implement a curriculum which meets as a minimum the requirements of WAC 246-841-490. The program director is responsible for all classroom and clinical training content and instruction.

(b) Assure compliance with and assume responsibility for meeting the requirements of WAC 246-841-490 through 246-841-510.

(c) Assure that all student clinical experience is directly supervised. Direct supervision means that an approved program director or instructor is observing students performing tasks.

(d) Assure that the clinical instructor has no concurrent duties during the time he or she is instructing students.

(e) Create and maintain an environment conducive to teaching and learning.

(f) Select and supervise all other instructors involved in the course, including clinical instructors and guest lecturers.

(g) Assure that students are not asked to, nor allowed to, perform any clinical skill with patients or clients until first demonstrating the skill satisfactorily to an instructor in a practice setting.

(h) Assure evaluation of knowledge and skills of students before verifying completion of the course.

(i) Assure that students receive a verification of completion when requirements of the course have been satisfactorily met.

(7) The program director may select instructional staff to assist in the teaching of the course.

(a) Instructional staff must teach in their area of expertise.

(b) Instructional staff must have a minimum of one year experience within the past three years in caring for the elderly or chronically ill of any age or both.

(c) All instructional staff must hold a current Washington state license to practice as a registered or licensed practical nurse. The commission may deny or withdraw an instructor's approval if there is or has been any action taken against a health care license or any license held by the applicant which allows him or her to work with vulnerable populations.

(d) Instructional staff may assist the program director in development of curricula, teaching modalities, and evaluation. The instructor will be under the supervision of the program director at all times.

(e) A guest lecturer, or individual with expertise in a specific course unit may be used in the classroom setting for teaching without commission approval, following the program director's review of the currency of content. The guest lecturer, where applicable, must hold a license, certificate or registration in good standing in their field of expertise.

[Statutory Authority: RCW 18.88A.060(1) and 18.88A.030(5). WSR 08-06-100, § 246-841-470, filed 3/5/08, effective 4/5/08. Statutory Authority: RCW 18.88A.060. WSR 91-23-077 (Order 214B), § 246-841-470, filed 11/19/91, effective 12/20/91; WSR 91-07-049 (Order 116B), reclassified as § 246-841-470, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. WSR 90-20-018 (Order 091), § 308-173-260, filed 9/21/90, effective 10/22/90.]

WAC 246-841-490 Core curriculum in approved nursing assistant-certified training programs. (1) The curriculum must be competency based. It must be composed of learning objectives and activities that will lead to knowledge and skills required for the graduate to demonstrate mastery of the core competencies as provided in WAC 246-841-400.

(2) The program director will determine the amount of time required in the curriculum to achieve the objectives. The time designated may vary with characteristics of the learners and teaching or learning variables. There must be a minimum of eighty-five hours total, with a minimum of thirty-five hours of classroom training and a minimum of fifty hours of clinical training.

(a) Of the fifty hours of clinical training, at least forty clinical hours must be in the practice setting.

(b) Training to orient the student to the health care facility and facility policies and procedures are not to be included in the minimum hours above.

(3) Each unit of the core curriculum will have:

(a) Behavioral objectives, which are statements of specific observable actions and behaviors that the learner is to perform or exhibit.

(b) An outline of information the learner will need to know in order to meet the objectives.

(c) Learning activities such as lecture, discussion, readings, film, or clinical practice designed to enable the student to achieve the stated objectives.

(4) Clinical teaching in a competency area is closely correlated with classroom teaching to integrate knowledge with manual skills.

(a) Students must wear name tags clearly identifying them as students when interacting with patients, clients or residents, and families.

(b) An identified instructor(s) will supervise clinical teaching or learning at all times. At no time will the ratio of students to instructor exceed ten students to one instructor in the clinical setting.

(5) The curriculum must include evaluation processes to assess mastery of competencies. Students cannot perform any clinical skill on clients or residents until first demonstrating the skill satisfactorily to an instructor in the practice setting.

[Statutory Authority: RCW 18.79.110, 18.88A.060 and 2020 c 76. WSR 21-04-016, § 246-841-490, filed 1/22/21, effective 2/22/21. Statutory Authority: RCW 18.88A.060(1) and 18.88A.030(5). WSR 08-06-100, § 246-841-490, filed 3/5/08, effective 4/5/08. Statutory Authority: RCW 18.88A.060. WSR 91-23-077 (Order 214B), § 246-841-490, filed 11/19/91, effective 12/20/91; WSR 91-07-049 (Order 116B), recodified as § 246-841-490, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. WSR 90-20-018 (Order 091), § 308-173-270, filed 9/21/90, effective 10/22/90.]

WAC 246-841-500 Physical resources required for approved nursing assistant-certified training programs. (1) Classroom facilities must provide adequate space, lighting, comfort, and privacy for effective teaching and learning.

(2) Adequate classroom resources, such as white board or other writing device, audio visual materials, and written materials must be available.

(3) Appropriate equipment must be provided for teaching and practicing clinical skills and procedures before implementing the skills with clients or residents.

[Statutory Authority: RCW 18.88A.060(1) and 18.88A.030(5). WSR 08-06-100, § 246-841-500, filed 3/5/08, effective 4/5/08. Statutory Authority: RCW 18.88A.060. WSR 91-07-049 (Order 116B), recodified as § 246-841-500, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. WSR 90-20-018 (Order 091), § 308-173-275, filed 9/21/90, effective 10/22/90.]

WAC 246-841-510 Administrative procedures for approved nursing assistant-certified training programs. (1) The program must establish and maintain a file for each student enrolled. The file must include:

(a) Dates attended.

(b) Test results.

(c) A skills evaluation checklist with dates of skills testing and signature of instructor.

(d) Documentation of successful completion of the course, or documentation of the course outcome.

(2) Each student file must be maintained by the program for a period of five years, and copies of documents made available to students who request them.

(3) Verification of successful completion of the course of training will be provided to the commission on forms provided by the commission.

(4) For those programs based in a health care facility: Verification of program completion and the application for state testing will not be withheld from a student who has successfully met the requirements of the program. Successful completion will be determined by the training program director separately from other employer issues.

[Statutory Authority: RCW 18.88A.060(1) and 18.88A.030(5). WSR 08-06-100, § 246-841-510, filed 3/5/08, effective 4/5/08. Statutory Authority: RCW 18.88A.060. WSR 91-07-049 (Order 116B), recodified as § 246-841-510, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. WSR 90-20-018 (Order 091), § 308-173-280, filed 9/21/90, effective 10/22/90.]

WAC 246-841-520 Expired license. (1) If the certificate has expired for three years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If the certificate has expired for over three years the practitioner must:

(a) Demonstrate competence to the standards established by the nursing care quality assurance commission;

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

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-841-520, filed 2/13/98, effective 3/16/98.]

WAC 246-841-530 Alternative program—Purpose. The commission intends to establish criteria for an alternative program for home care aide-certified and medical assistant-certified that will provide continued opportunity for recruitment and career advancement in nursing, recognize relevant training, and maintain a single standard for competency.

The alternative program is intended to provide twenty-four hours of additional training, including clinical training, on topics not addressed in the specified training for certification as a home care aide or medical assistant, that will meet the requirements necessary to take the nursing assistant-certified competency evaluation.

Successful completion of an approved alternative program may allow the home care aide-certified and medical assistant-certified to meet requirements to complete a competency evaluation. Successful completion of the competency evaluation may allow an applicant who is a home care aide-certified or medical assistant-certified to become a nursing assistant-certified. The nursing assistant-certified credential may then qualify an individual for entry into a nursing program.

[Statutory Authority: RCW 18.88A.087 and 18.88A.060. WSR 11-16-042, § 246-841-530, filed 7/27/11, effective 8/27/11.]

WAC 246-841-535 Alternative program—Definitions. The definitions in this section apply throughout WAC 246-841-530 through 246-841-585.

(1) **Home care aide-certified** means any person certified under chapter 18.88B RCW.

(2) **Medical assistant-certified** under chapter 18.88A RCW, means a person who holds a current certification from one of the certifying organizations in WAC 246-827-0200(2).

(3) **Nursing assistant-certified** means any person certified under chapter 18.88A RCW.

[Statutory Authority: RCW 18.88A.087. WSR 15-21-068, § 246-841-535, filed 10/20/15, effective 11/20/15. Statutory Authority: RCW 18.88A.087 and 18.88A.060. WSR 11-16-042, § 246-841-535, filed 7/27/11, effective 8/27/11.]

WAC 246-841-545 Home care aide-certified alternative program requirements. The commission may approve alternative programs for individuals credentialed as home care aides-certified to successfully complete in order to qualify to take the nursing assistant-certified competency evaluation.

(1) An alternative program shall:

(a) Meet the requirements of WAC 246-841-420.

(b) Have a competency based curriculum composed of learning objectives and activities. The curriculum content shall include:

(i) Measuring vital signs, height and weight, fluid and food input and output.

(ii) Developmental tasks associated with developmental and age specific processes.

(iii) Use and care of prosthetic devices.

(iv) Provision of adequate ventilation, warmth, light, and quiet for the client.

(v) Principles of good body mechanics for self and clients to lift and move clients or heavy items.

(vi) Achieving competence in reading, writing, speaking and understanding English at the level necessary to:

(A) Use terminology accepted in health care settings.

(B) Accurately record and report observations, actions and information in a timely manner.

(vii) The scope of practice of nursing assistant-certified.

(viii) The workers right to know law.

(ix) The Uniform Disciplinary Act, including RCW 18.130.180.

(c) Have a program director:

(i) Who is currently licensed as a registered nurse (RN) in good standing in the state of Washington and has a minimum of three years of experience as an RN with at least one year of experience in direct patient care; and

(ii) Who has successfully completed a training course on adult instruction or can demonstrate that he or she has one year experience teaching adults, unless the program director works exclusively in a secondary educational setting.

(A) The training course on adult instruction must provide instruction in understanding the adult learner, techniques for teaching adults, classroom methods for teaching adults and audio-visual techniques for teaching adults.

(B) Acceptable experience does not include in-service education or patient teaching.

(iii) Who has a minimum of one year experience within the past three years in caring for the elderly or chronically ill of any age or both if also acting as an instructor.

(2) The program director may select instructional staff to assist in the teaching of the course. Instructional staff must meet the following requirements:

(a) Hold a current Washington state license to practice as a registered or licensed practical nurse in good standing; and

(b) Have a minimum of one year experience within the past three years in caring for the elderly or chronically ill of any age.

(3) Instructional staff may assist the program director in development of curricula, teaching modalities, and evaluation. The instructor must be under the supervision of the program director at all times.

(4) A guest lecturer or individual with expertise in a specific course unit may be used in the classroom setting for teaching without commission approval, following the program director's review of the currency of content. The guest lecturer, where applicable, must hold a license, certificate or registration in good standing in their field of expertise.

[Statutory Authority: RCW 18.88A.087 and 18.88A.060. WSR 11-16-042, § 246-841-545, filed 7/27/11, effective 8/27/11.]

WAC 246-841-550 Medical assistant-certified alternative program requirements. The commission may approve alternative programs for individual medical assistant-certified to successfully complete in order to qualify to take the nursing assistant-certified competency evaluation.

(1) An alternative program shall:

(a) Submit documentation of meeting all requirements of WAC 246-841-420.

(b) Have a competency based curriculum composed of learning objectives and activities. The curriculum content shall include:

(i) Measurement of fluid and food input and output.

(ii) Participation in planning and nursing reporting process.

(iii) Bathing, oral care, and skin care.

(iv) Personal care tasks, appropriate to chronological age and developmental stage of residents.

(v) Grooming and dressing.

(vi) Toileting.

(vii) Eating and hydration, including:

(A) Techniques to prevent choking and aspiration; and

(B) Health and sanitation in food services.

(viii) Basic restorative services.

(A) Use of assistive devices in ambulation, transferring, eating and dressing.

(B) Range of motion.

(C) Turning and positioning.

(D) Transferring and ambulating.

(E) Use and care of prosthetic devices.

(ix) Client resident rights and promotion of independence.

(A) Assistance in getting to and joining in activities appropriate to chronological age of resident.

(B) Respect for client's property.

(C) Use of restraints and acknowledges agency policies that may apply to restraints.

(x) An environment with adequate ventilation, warmth, light, and quiet.

- (xi) Rules and regulations, including:
 - (A) The scope of practice, nursing assistant-certified.
 - (B) The workers right to know law.
 - (C) The Uniform Disciplinary Act, including RCW 18.130.180.
- (c) Have a program director:

(i) Who is currently licensed as a registered nurse (RN) in good standing in the state of Washington and has a minimum of three years of experience as an RN, with at least one year of experience in direct patient care.

(ii) Who has successfully completed a training course on adult instruction or can demonstrate that he or she has one year experience teaching adults unless the program director works exclusively in a secondary educational setting.

(A) The training course on adult instruction must provide instruction in understanding the adult learner, techniques for teaching adults, classroom methods for teaching adults and audio-visual techniques for teaching adults.

(B) Acceptable experience does not include in-service education or patient teaching.

(iii) Who has a minimum of one year experience within the past three years in caring for the elderly or chronically ill of any age if also acting as an instructor.

(2) The program director may select instructional staff to assist in the teaching of the course. Instructional staff must meet the following requirements:

(a) Hold a current Washington state license to practice as a registered or licensed practical nurse in good standing; and

(b) Have a minimum of one year experience within the past three years in caring for the elderly or chronically ill of any age.

(3) Instructional staff may assist the program director in development of curricula, teaching modalities, and evaluation. The instructor must be under the supervision of the program director at all times.

(4) A guest lecturer or individual with expertise in a specific course unit may be used in the classroom setting for teaching without commission approval, following the program director's review of the currency of content. The guest lecturer, where applicable, must hold a license, certificate or registration in good standing in their field of expertise.

[Statutory Authority: RCW 18.88A.087 and 18.88A.060. WSR 11-16-042, § 246-841-550, filed 7/27/11, effective 8/27/11.]

WAC 246-841-555 Responsibilities of the program director in alternative programs. The program director of an alternative program is responsible for:

(1) Development and use of a curriculum which:

(a) Meets the requirements of WAC 246-841-545; or

(b) Meets the requirements of WAC 246-841-550.

(2) Ensuring compliance with the requirements of WAC 246-841-500 and 246-841-510.

(3) Verifying home care aides-certified have a valid certification before admission to the alternative program.

(4) Verifying medical assistants-certified have certification before admission to the alternative program.

(5) Direct supervision of all students during clinical experience. Direct supervision means an approved program director or instructor observes students performing tasks.

(6) Ensuring the clinical instructor has no concurrent duties during the time he or she is instructing students.

(7) Maintaining an environment acceptable to teaching and learning.

(8) Supervising all instructors involved in the course. This includes clinical instructors and guest lecturers.

(9) Ensuring students are not asked to, or allowed to perform any clinical skill with patients or clients until the students have demonstrated the skill satisfactorily to an instructor in a practice setting.

(10) Evaluating knowledge and skills of students before verifying completion of the course.

(11) Providing students a verification of completion when requirements of the course have been satisfied.

(12) Providing adequate time for students to complete the objectives of the course. The time may vary with skills of the learners and teaching or learning variables.

(13) Establishing an evaluation process to assess mastery of competencies.

[Statutory Authority: RCW 18.88A.087 and 18.88A.060. WSR 11-16-042, § 246-841-555, filed 7/27/11, effective 8/27/11.]

WAC 246-841-560 Alternative program application for approval, denial, or withdrawal. (1) An applicant for an alternative program must submit a completed application provided by the department of health. The application will include forms and instructions to submit the following:

(a) Program objectives;

(b) Required curriculum and content.

(2) The commission shall comply with WAC 246-841-430 when denying or withdrawing an approval of an alternative program.

(3) An alternative program that has been denied or had an approval withdrawn shall have the right to a hearing to appeal the commission's decision according to the provisions of chapters 18.88A and 34.05 RCW, the Administrative Procedure Act, Parts IV and V.

[Statutory Authority: RCW 18.88A.087 and 18.88A.060. WSR 11-16-042, § 246-841-560, filed 7/27/11, effective 8/27/11.]

WAC 246-841-570 Recordkeeping and administrative procedures for approved alternative programs. An alternative program shall comply with all the requirements in WAC 246-841-510.

[Statutory Authority: RCW 18.88A.087 and 18.88A.060. WSR 11-16-042, § 246-841-570, filed 7/27/11, effective 8/27/11.]

WAC 246-841-573 Closure of an alternative program. Before an approved alternative program closes it shall notify the commission in writing, stating the reason and the date of intended closing.

[Statutory Authority: RCW 18.88A.087 and 18.88A.060. WSR 11-16-042, § 246-841-573, filed 7/27/11, effective 8/27/11.]

WAC 246-841-575 Alternative program—Eligibility to complete the nursing assistant-certified competency examination. Graduates of alternative programs who meet all application requirements are deemed eligible to complete the nursing assistant-certified competency evaluation approved by the commission.

Competency evaluation means the measurement of an individual's knowledge and skills as related to safe, competent performance as a nursing assistant-certified.

[Statutory Authority: RCW 18.88A.087 and 18.88A.060. WSR 11-16-042, § 246-841-575, filed 7/27/11, effective 8/27/11.]

WAC 246-841-578 Application requirements. To be eligible to apply for nursing assistant-certified from an alternative program the applicant must:

- (1) Be currently credentialed as a home care aide-certified; or
- (2) Be a medical assistant-certified as defined in WAC 246-841-535;
- (3) Have completed a cardiopulmonary resuscitation course; and
- (4) Have successfully completed the competency evaluation.

[Statutory Authority: RCW 18.79.110, 18.88A.060 and 2020 c 76. WSR 21-04-016, § 246-841-578, filed 1/22/21, effective 2/22/21. Statutory Authority: RCW 18.88A.087 and 18.88A.060. WSR 11-16-042, § 246-841-578, filed 7/27/11, effective 8/27/11.]

WAC 246-841-585 Application for nursing assistant-certified from an alternative program. (1) An applicant for nursing assistant-certified who has successfully completed an approved alternative program as a home care aide-certified must submit to the department:

- (a) A completed application for nursing assistant-certified.
- (b) A copy of certificate of completion from an approved alternative program for home care aides-certified.
- (c) Documentation verifying current certification as a home care aide.
- (d) Evidence of completion of a cardiopulmonary resuscitation course.
- (e) Applicable fees as required in WAC 246-841-990.

(2) An applicant for nursing assistant-certified who successfully completed an approved alternative program as a medical assistant-certified must submit to the department:

- (a) A completed application for nursing assistant-certified;
- (b) A copy of certificate of completion from approved alternative program for medical assistant-certified;
- (c) An official transcript from the nationally accredited medical assistant program;
- (d) Evidence of completion of an adult cardiopulmonary resuscitation course; and
- (e) Applicable fees as required in WAC 246-841-990.

[Statutory Authority: RCW 18.79.110, 18.88A.060 and 2020 c 76. WSR 21-04-016, § 246-841-585, filed 1/22/21, effective 2/22/21. Statutory Authority: RCW 18.88A.087 and 18.88A.060. WSR 11-16-042, § 246-841-585, filed 7/27/11, effective 8/27/11.]

MEDICATION ASSISTANT ENDORSEMENT

WAC 246-841-586 Applicability. WAC 246-841-587 through 246-841-595 apply to the endorsement of a nursing assistant-certified as a medication assistant. A nursing assistant-certified with a medication assistant endorsement administers medications and nursing commission-approved treatments to residents in nursing homes, under the direct supervision of a designated registered nurse.

Nothing in these rules requires a nursing home to employ a nursing assistant-certified with a medication assistant endorsement. A medication assistant's employer may limit or restrict the range of functions permitted in these rules but may not expand those functions.

WAC 246-841-587 through 246-841-595 also apply to the approval of education and training programs and competency evaluations for medication assistants.

A medication assistant is responsible and accountable for his or her specific functions.

[Statutory Authority: 2012 c 208 and RCW 18.88A.060. WSR 13-15-012, § 246-841-586, filed 7/8/13, effective 7/8/13.]

WAC 246-841-587 Definitions. The definitions in this section apply to WAC 246-841-586 through 246-841-595 unless the context clearly requires otherwise.

(1) "Competency evaluation" means the measurement of an individual's knowledge and skills related to the safe, competent performance as a medication assistant.

(2) "Direct supervision" means that the licensed registered nurse who directs medication administration and nursing commission-approved treatments to a medication assistant is on the premises, is immediately accessible in person and has assessed the residents prior to performance of these duties.

(3) "Medication assistant" means a nursing assistant-certified with a medication assistant endorsement issued under chapter 18.88A RCW.

(4) "Nursing home" means a nursing home licensed under chapter 18.51 RCW.

[Statutory Authority: 2012 c 208 and RCW 18.88A.060. WSR 13-15-012, § 246-841-587, filed 7/8/13, effective 7/8/13.]

WAC 246-841-588 Application requirements. (1) **Initial applicant requirements:** Applicants for an initial medication assistant endorsement must meet the following requirements:

(a) Be certified as a nursing assistant-certified, with a certification in good standing, under chapter 18.88A RCW;

(b) Successfully complete a nursing commission-approved medication assistant education and training program, as described in WAC 246-841-590 (6) and (7) within the immediate year prior to the date of application;

(c) Complete at least one thousand hours of work experience in a nursing home as a nursing assistant-certified within the immediate year prior to the date of application; and

(d) After completing the requirements in (a) through (c) of this subsection, pass the nursing commission-approved medication assistant competency evaluation. Each applicant must successfully complete a written competency evaluation. The competency evaluation must measure an individual's knowledge and skills related to the safe, competent performance as a medication assistant. The evaluation assesses the competency specification required in the core curriculum as listed in WAC 246-841-590(6).

(2) **Application requirements:**

(a) To obtain an initial medication assistant endorsement credential, the nursing assistant-certified must submit to the department:

(i) An application on forms approved by the secretary.

(ii) The applicable fees under WAC 246-841-990.

(iii) Proof of completion of a nursing commission approved medication assistant:

(A) Education and training program under WAC 246-841-590 (6) and (7); and

(B) Competency evaluation under subsection (1) of this section; and

(iv) Employer documentation of work experience as required in subsection (1)(c) of this section.

(b) An applicant who is currently credentialed as a medication assistant in another state or jurisdiction may qualify for a medication assistant endorsement credential under this chapter. An applicant must submit to the department:

(i) An application on forms approved by the secretary;

(ii) Written verification directly from the state or jurisdiction in which the applicant is credentialed, attesting that the applicant holds a credential substantially equivalent to the medication assistant endorsement credential in Washington in good standing, and is not subject to charges or disciplinary action;

(iii) Verification of completion of the required education that is substantially equivalent to the education requirements as described in WAC 246-841-590 (6) and (7);

(iv) Employer documentation of work experience as required in subsection (1)(c) of this section; and

(v) The applicable fees under WAC 246-841-990.

(3) **Renewal requirements:** To renew a medication assistant endorsement credential, the medication assistant must have a current nursing assistant-certified credential in good standing, and meet the requirements of WAC 246-12-030.

(4) **Continuing competency requirements:** A medication assistant shall meet the following requirements on an annual basis to coincide with renewal of their nursing assistant-certified credentials:

(a) Employer documentation of successful completion of two hundred fifty hours of employment as a medication assistant in a nursing home setting under the direct supervision of a registered nurse;

(b) Documentation of eight hours of continuing education specific to medications, medication administration, and performance of selected patient treatments. Continuing education hours must be obtained

through a nursing commission-approved medication education and training program as described in WAC 246-841-590 (6) and (7), continuing education programs approved by a professional association, or staff development programs offered in a nursing home. The education hours must directly relate to the medication assistant's role of medication administration and the performance of selected patient treatments.

[Statutory Authority: 2012 c 208 and RCW 18.88A.060. WSR 13-15-012, § 246-841-588, filed 7/8/13, effective 7/8/13.]

WAC 246-841-589 Medication administration and performing prescriber ordered treatments. (1) A medication assistant working in a nursing home shall only accept direction to perform medication administration and prescriber ordered treatments from a designated registered nurse within the medication assistant's scope of practice, education, and demonstrated competency.

(2) It is the responsibility of the designated registered nurse to assess the individual needs of each resident and determine that the direction of medication administration or selected treatment tasks poses minimal risks to each resident. The designated registered nurse determines the frequency of resident assessments and decides the number and types of medications to be administered.

(3) The medication assistant under the direct supervision of a registered nurse in a nursing home, may:

(a) Administer over-the-counter medications;

(b) Administer legend drugs, with the exception of chemotherapeutic agents and experimental drugs;

(c) Administer schedule IV and V medications orally, topically, and through inhalation;

(d) Perform simple prescriber-ordered treatments which include blood glucose monitoring, noncomplex clean dressing changes, pulse oximetry readings, and oxygen administration. "Prescriber ordered treatment" means an order for drugs or treatments issued by a practitioner authorized by law or rule in the state of Washington to prescribe drugs or treatments in the course of his or her professional practice for a legitimate medical purpose.

(4) The medication assistant shall document accurately the administration of medication and performance of resident treatments that he or she undertakes into the resident's medical records on facility-approved forms.

(5) Performance of the tasks identified in subsection (1) of this section will be the sole work assignment to the medication assistant.

(6) A medication assistant may not perform the following tasks:

(a) Assessment of resident need for, or response to medication;

(b) Acceptance of telephone or verbal orders from prescribers;

(c) Conversion or calculation of drug dosages;

(d) Injection of any medications;

(e) Administration of chemotherapeutic agents and experimental drugs;

(f) Performance of any sterile task or treatment;

(g) Medication administration through a tube;

(h) Administration or participation in the handling, including counting or disposal, of any schedule I, II, or III controlled substances;

(i) Participation in any handling, including counting or disposal, of schedule IV and V controlled substances other than when admin-

istering these substances as authorized by subsection (3)(c) of this section;

(j) Performance of any task requiring nursing judgment, such as administration of **as necessary or as needed (prn)** medications.

[Statutory Authority: 2012 c 208 and RCW 18.88A.060. WSR 13-15-012, § 246-841-589, filed 7/8/13, effective 7/8/13.]

WAC 246-841-590 Requirements for approval of education and training programs. (1) A medication assistant endorsement education and training program must:

(a)(i) Be a nursing commission-approved nursing assistant certified training program in good standing; or

(ii) Be a nursing commission-approved nursing educational program in good standing; and

(b) Have a program director and instructional staff who each hold current, active, Washington state licenses in good standing as a registered nurse. The commission may deny or withdraw approval of a program director or instructor if there is or has been any action taken against that person's health care license, or any license that restricts his or her permission to work with vulnerable adults.

(2) To apply, the program must submit a completed application packet and application forms provided by the department of health to the nursing commission. The packet must include:

(a) Program objectives;

(b) Curriculum outline and content as detailed in subsection (6) of this section;

(c) Written contractual agreements related to the provision of the training. For any program that uses another facility for the clinical practicum, this includes an affiliation agreement between the training program and the facility. "Clinical practicum" means clinical experience under the supervision of a qualified registered nurse instructor. The affiliation agreement must describe how the program will provide clinical experience in the facility. The agreement must specify the rights and responsibilities of students, the residents, the clinical facility, and the school;

(d) Sample lesson plan for one unit;

(e) Skills checklists for student lab performance and clinical performance during the practicum with dates of skills testing and signature of the instructor;

(f) Description of classroom, lab, and clinical practicum facilities;

(g) Declaration of compliance with administrative guidelines signed by the program director;

(h) Verification that the program director has completed a course on adult instruction or has one year of experience in the past three years teaching adults. Acceptable experience does not include staff development or patient teaching. A program director working exclusively in post secondary educational setting is exempt from this requirement; and

(i) Verification that the medication assistant training program or school is approved to operate in the state of Washington by the state board for community and technical colleges; the superintendent of public instruction; or the workforce training and education coordinating board.

(3) Failure to submit a completed application packet within ninety days will result in closure of the application.

(4) If a program application is pending for more than ninety days, the proposed program must submit a revised program application.

(5) The program director, or designee shall:

(a) Agree to allow and cooperate with on-site surveys and investigations of the training programs, as requested by the nursing commission;

(b) Comply with any changes in training standards and guidelines in order to maintain approved status;

(c) Notify the nursing commission and any other approving agency of any changes in overall curriculum plan or major curriculum content changes prior to implementation such as changes in program hours, clinical practice facilities, program name or ownership, legal status, and credit status impacting the program's ability to sustain itself financially;

(d) Notify the nursing commission and any other approving agency of changes in program director or instructors; and

(e) Maintain an average annual student pass rate of eighty percent for first-time test takers of the medication assistant competency evaluation.

(6) Core curriculum competency requirements.

(a) The program curriculum must include training on the specific tasks that a medication assistant may perform as well as training on identifying tasks that may not be performed by a medication assistant as listed in WAC 246-841-589.

(b) The program curriculum must include the complete medication assistant-certified model curriculum adopted by the National Council of State Boards of Nursing. The education and training program may add to the required curriculum as stated in these rules but may not delete any content from the required curriculum.

(c) The curriculum must include a minimum of sixty hours of didactic training which must include work in a skills lab or simulation facility.

(7) Practicum. The curriculum will include a minimum of forty hours of supervised and progressive clinical practicum in the administration of medications to residents in a nursing home. At no time will the ratio of students to instructor be allowed to exceed ten students to one instructor during clinical practicum.

(8) The program director must attest to the student's successful completion of the course on forms or electronic methods established by the commission.

[Statutory Authority: 2012 c 208 and RCW 18.88A.060. WSR 13-15-012, § 246-841-590, filed 7/8/13, effective 7/8/13.]

WAC 246-841-591 Commission review and investigation. (1) The nursing commission may conduct a review or investigation of the training program, or site visit of the training facility to evaluate:

(a) Complaints relating to violations of the rules;

(b) Failure to notify the nursing commission of any changes in the overall curriculum plan or major content changes prior to implementation;

(c) Failure to notify the nursing commission of changes in program director or instructors;

(d) Providing false or misleading information to students or the public concerning the medication assistant education and training program;

(e) Failure to secure or retain a qualified program director resulting in substandard supervision and teaching of students;

(f) Failure to maintain an average annual passing rate of eighty percent of first time test takers for two consecutive years. The nursing commission will require the program to assess the problem and submit a plan of correction.

(2) If a medication assistant education and training program fails to maintain an annual average passing rate of eighty percent of first time test takers for three out of four consecutive years, the nursing commission may withdraw program approval.

[Statutory Authority: 2012 c 208 and RCW 18.88A.060. WSR 13-15-012, § 246-841-591, filed 7/8/13, effective 7/8/13.]

WAC 246-841-592 Commission action for violations. (1) When the nursing commission determines that a medication assistant education and training program fails to meet the requirements in WAC 246-841-590 through 246-841-595, the nursing commission may issue a statement of deficiencies or notice of intent to withdraw approval from an existing program.

(2) **Statement of deficiencies.** The program must within ten calendar days of notification of the cited deficiencies prepare, sign, date, and provide to the commission a detailed written plan of correction. Such plan of correction will provide notification to the commission of the date by which the program will complete the correction of cited deficiencies. The commission will review the program's plan of correction to determine if it is acceptable. A plan of correction must:

(a) Address how corrective action will be accomplished;

(b) Address what measures will be put into place or systematic changes made to assure that the deficient practice will not recur;

(c) Indicate how the program plans to monitor its performance to assure that solutions are sustained;

(d) Give the name and title of the person who is responsible for assuring the implementation of the plan of correction;

(e) Give the day by which the correction will be made.

(3) **Notice of intent to withdraw approval.** The commission may issue a notice of intent to withdraw approval from ongoing programs if it determines that a medication assistant endorsement program fails to substantially meet the standards contained in the law and this chapter.

When the commission withdraws approval, and the program does not appeal the withdrawal under WAC 246-841-594, the program shall submit an action plan to the commission providing for enrolled students to complete the program.

[Statutory Authority: 2012 c 208 and RCW 18.88A.060. WSR 13-15-012, § 246-841-592, filed 7/8/13, effective 7/8/13.]

WAC 246-841-593 Reinstatement of approval. The nursing commission may consider reinstatement of a medication assistant education

and training program upon submission of satisfactory evidence that the program meets the requirements as contained in these rules.

A program that is automatically terminated for failure to renew may be immediately reinstated upon meeting all conditions for a new application approval.

[Statutory Authority: 2012 c 208 and RCW 18.88A.060. WSR 13-15-012, § 246-841-593, filed 7/8/13, effective 7/8/13.]

WAC 246-841-594 Appeal rights. A medication assistant education and training program that has been denied approval or was issued a notice of intent to withdraw approval has the right to a hearing to appeal the nursing commission's decision according to the provisions of chapters 18.88A and 34.05 RCW, the Administrative Procedure Act, Parts IV and V.

[Statutory Authority: 2012 c 208 and RCW 18.88A.060. WSR 13-15-012, § 246-841-594, filed 7/8/13, effective 7/8/13.]

WAC 246-841-595 Medication assistant endorsement program renewal. (1) Programs must submit a renewal application on the forms provided by the commission and be approved by the commission every two years. The renewal application is due ninety days before the two-year anniversary of the date approval was originally granted.

(2) Commission approval is automatically terminated if the program does not renew.

(3) The commission may deny renewal approval or grant renewal with provisional status if the program fails to substantially meet the standards contained in the law and this chapter or has pending a statement of deficiencies, plan of correction, intent to withdraw approval, or withdrawal of approval.

(4) If a program application renewal is not completed within ninety days of its receipt, the commission may close the application renewal.

[Statutory Authority: 2012 c 208 and RCW 18.88A.060. WSR 13-15-012, § 246-841-595, filed 7/8/13, effective 7/8/13.]

DISCIPLINARY PROCEDURES

WAC 246-841-720 Mandatory reporting. (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the nursing assistant being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

(5) The administrator, executive officer, or their designee of any nursing home shall report to the department of health when any nursing assistant under chapter 18.130 RCW is terminated or such person's services are restricted based on a determination that the nursing assistant has committed an act or acts which may constitute unprofessional conduct as defined in RCW 18.130.180 or that the nursing assistant may be mentally or physically impaired as defined in RCW 18.130.170.

(6) The administrator, executive officer, or their designee of any nursing home shall report to the department of health when any person practices, or offers to practice as a nursing assistant in the state of Washington when the person is not registered or certified in the state; or when a person uses any title, abbreviation, card, or device to indicate the person is registered or certified when the person is not.

(7) The department of health requests the assistance of responsible personnel of any state or federal program operating in the state of Washington, under which a nursing assistant is employed, to report to the department whenever such a nursing assistant is not registered or certified pursuant to this act or when such a nursing assistant has committed an act or acts which may constitute unprofessional conduct as defined in RCW 18.130.180 or may be mentally or physically impaired as defined in RCW 18.130.170.

[Statutory Authority: RCW 18.88A.050, 18.130.050 and 18.130.080. WSR 92-02-018 (Order 224), § 246-841-720, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-841-720, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 89-14-092 (Order PM 842), § 308-173-020, filed 6/30/89.]

FEES

WAC 246-841-990 Nursing assistant—Fees and renewal cycle. (1) Credentials must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged for registration credentials:

Title of Fee	Fee
Application - Registration	\$85.00
Renewal of registration	95.00

Title of Fee	Fee
Duplicate registration	10.00
Registration late penalty	50.00
Expired registration reissuance	52.00

(3) The following nonrefundable fees will be charged for certification credentials:

Title of Fee	Fee
Application for certification	\$85.00
Certification renewal	95.00
Duplicate certification	10.00
Certification late penalty	50.00
Expired certification reissuance	52.00

(4) The following nonrefundable fees will be charged for medication assistant endorsement credentials:

Title of Fee	Fee
Application for endorsement	\$25.00
Endorsement renewal	10.00

[Statutory Authority: RCW 43.70.250 and 43.70.280. WSR 19-13-034, § 246-841-990, filed 6/12/19, effective 10/1/19; WSR 16-15-013, § 246-841-990, filed 7/8/16, effective 10/1/16. Statutory Authority: 2012 c 208, 2012 c 23, 2012 c 137, 2012 c 153, RCW 43.70.110, and 43.70.250. WSR 12-24-015, § 246-841-990, filed 11/27/12, effective 7/1/13. Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37. WSR 10-19-071, § 246-841-990, filed 9/16/10, effective 10/15/10. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329. WSR 08-15-014, § 246-841-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. WSR 05-12-012, § 246-841-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 18.88A.050(1). WSR 99-24-062, § 246-841-990, filed 11/29/99, effective 12/30/99. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-841-990, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.88A RCW. WSR 96-03-051, § 246-841-990, filed 1/12/96, effective 3/1/96. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-841-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. WSR 90-04-094 (Order 029), § 308-173-130, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. WSR 88-20-075 (Order 783), § 308-173-130, filed 10/5/88.]