

# FINAL BILL REPORT

## SSB 5018

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Synopsis as Enacted

**Brief Description:** Including wound care management in occupational therapy.

**Sponsors:** Senate Committee on Health & Long-Term Care (originally sponsored by Senators Keiser, Conway, Shin, Schoesler, Hobbs, Kline and McAuliffe).

**Senate Committee on Health & Long-Term Care**

**House Committee on Health Care & Wellness**

**House Committee on Health & Human Services Appropriations & Oversight**

**Background:** Occupational therapy uses activity-based treatment to maximize the independence and functioning of persons with physical injury or illness, psychosocial dysfunction, disability, or limitations due to aging. Some examples of occupational therapy include exercises, teaching skills and adapting environments to enhance cognitive, perceptual, motor, sensory integrative and psychomotor functioning.

An occupational therapist is a person licensed by the Board of Occupational Therapy Practice (Board) to practice occupational therapy. An occupational therapy assistant is a person licensed by the Board to assist in the practice of occupational therapy under the supervision of a licensed occupational therapist.

Statutory provisions do not list wound care as within the scope of practice of occupational therapist or occupational therapy assistants. The Board issued an informal opinion stating occupational therapy includes wound care management, and has considered adopting an official interpretative statement that occupational therapy includes wound management and sharp debridement (the removal of dead or contaminated tissue from a wound).

**Summary:** Wound care is explicitly made part of the scope of practice of an occupational therapist. An occupational therapist may provide wound care management under the direction of a physician or other authorized health care provider. The referring provider must examine the patient prior to the referral.

Wound care management is defined as the part of occupational therapy treatment that facilitates healing; prevents edema, infection, and excessive scar formation; and minimizes wound complications. Wound care includes assessment, application of dressings and topical medications, cleansing, and sharp debridement. An occupational therapist may not delegate wound care management.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

In order to be authorized to perform wound care, except sharp debridement, an occupational therapist must submit an affidavit to the Department of Health attesting to his or her education and training, which includes a minimum of 15 hours of mentored training in a clinical setting.

The education and training requirement may also be satisfied if the occupational therapist is certified as a hand therapist by the Hand Therapy Certification Commission or as a wound care specialist by the National Alliance of Wound Care or its equivalent.

**Votes on Final Passage:**

Senate	48	0
House	97	0

**Effective:** July 22, 2011.