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**SUBSTITUTE HOUSE BILL 1076**

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**State of Washington**

**62nd Legislature**

**2011 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Moeller, Cody, Warnick, Green, Hinkle, Parker, Crouse, Kelley, Miloscia, Finn, Dammeier, Kenney, and Harris)

READ FIRST TIME 02/04/11.

1 AN ACT Relating to wound care management in occupational therapy;  
2 amending RCW 18.59.020 and 18.59.160; adding a new section to chapter  
3 18.59 RCW; and creating a new section.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 **Sec. 1.** RCW 18.59.020 and 1999 c 333 s 1 are each amended to read  
6 as follows:

7 Unless the context clearly requires otherwise, the definitions in  
8 this section apply throughout this chapter.

9 (1) "Board" means the board of occupational therapy practice.

10 (2) "Occupational therapy" is the scientifically based use of  
11 purposeful activity with individuals who are limited by physical injury  
12 or illness, psychosocial dysfunction, developmental or learning  
13 disabilities, or the aging process in order to maximize independence,  
14 prevent disability, and maintain health. The practice encompasses  
15 evaluation, treatment, and consultation. Specific occupational therapy  
16 services include but are not limited to: Using specifically designed  
17 activities and exercises to enhance neurodevelopmental, cognitive,  
18 perceptual motor, sensory integrative, and psychomotor functioning;  
19 administering and interpreting tests such as manual muscle and sensory

1 integration; teaching daily living skills; developing prevocational  
2 skills and play and avocational capabilities; designing, fabricating,  
3 or applying selected orthotic and prosthetic devices or selected  
4 adaptive equipment; wound care management as provided in section 3 of  
5 this act; and adapting environments for ((the handicapped)) persons  
6 with disabilities. These services are provided individually, in  
7 groups, or through social systems.

8 (3) "Occupational therapist" means a person licensed to practice  
9 occupational therapy under this chapter.

10 (4) "Occupational therapy assistant" means a person licensed to  
11 assist in the practice of occupational therapy under the supervision or  
12 with the regular consultation of an occupational therapist.

13 (5) "Occupational therapy aide" means a person who is trained to  
14 perform specific occupational therapy techniques under professional  
15 supervision as defined by the board but who does not perform activities  
16 that require advanced training in the sciences or practices involved in  
17 the profession of occupational therapy.

18 (6) "Occupational therapy practitioner" means a person who is  
19 credentialed as an occupational therapist or occupational therapy  
20 assistant.

21 (7) "Person" means any individual, partnership, unincorporated  
22 organization, or corporate body, except that only an individual may be  
23 licensed under this chapter.

24 (8) "Department" means the department of health.

25 (9) "Secretary" means the secretary of health.

26 (10) "Sharp debridement" means the removal of loose or loosely  
27 adherent devitalized tissue with the use of tweezers, scissors, or  
28 scalpel, without any type of anesthesia other than topical anesthetics.  
29 "Sharp debridement" does not mean surgical debridement.

30 (11) "Wound care management" means a part of occupational therapy  
31 treatment that facilitates healing, prevents edema, infection, and  
32 excessive scar formation, and minimizes wound complications. Treatment  
33 may include: Assessment of wound healing status; patient education;  
34 selection and application of dressings; cleansing of the wound and  
35 surrounding areas; application of topical medications, as provided  
36 under RCW 18.59.160; use of physical agent modalities; application of  
37 pressure garments and nonweight-bearing orthotic devices, excluding  
38 high-temperature custom foot orthotics made from a mold; sharp

1 debridement of devitalized tissue; debridement of devitalized tissue  
2 with other agents; and adapting activities of daily living to promote  
3 independence during wound healing.

4 **Sec. 2.** RCW 18.59.160 and 2009 c 68 s 1 are each amended to read  
5 as follows:

6 An occupational therapist licensed under this chapter may purchase,  
7 store, and administer topical and transdermal medications such as  
8 hydrocortisone, dexamethasone, fluocinonide, topical anesthetics,  
9 lidocaine, magnesium sulfate, and other similar medications for the  
10 practice of occupational therapy as prescribed by a health care  
11 provider with prescribing authority as authorized in RCW 18.59.100.  
12 Administration of medication must be documented in the patient's  
13 medical record. Some medications may be applied by the use of  
14 iontophoresis and phonophoresis. An occupational therapist may not  
15 purchase, store, or administer controlled substances. A pharmacist who  
16 dispenses such drugs to a licensed occupational therapist is not liable  
17 for any adverse reactions caused by any method of use by the  
18 occupational therapist. (~~Application of a prescribed medication to a~~  
19 ~~wound as authorized in this statute does not constitute wound care~~  
20 ~~management.)) Application of a topical medication to a wound is subject  
21 to section 3 of this act.~~

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

24 (1)(a) An occupational therapist licensed under this chapter may  
25 provide wound care management only:

26 (i) In the course of occupational therapy treatment to return  
27 patients to functional performance in their everyday occupations under  
28 the referral and direction of a physician or other authorized health  
29 care provider listed in RCW 18.59.100 in accordance with their scope of  
30 practice. The referring provider must evaluate the patient prior to  
31 referral to an occupational therapist for wound care; and

32 (ii) After filing an affidavit under subsection (2)(b) of this  
33 section.

34 (b) An occupational therapist may not delegate wound care  
35 management, including any form of debridement.

1           (2)(a) Debridement is not an entry-level skill and requires  
2 specialized training, which must include:       Indications and  
3 contraindications for the use of debridement; appropriate selection and  
4 use of clean and sterile techniques; selection of appropriate tools,  
5 such as scissors, forceps, or scalpel; identification of viable and  
6 devitalized tissues; and conditions which require referral back to the  
7 referring provider. Training must be provided through continuing  
8 education, mentoring, cotreatment, and observation. Consultation with  
9 the referring provider is required if the wound exposes anatomical  
10 structures underlying the skin, such as tendon, muscle, or bone, or if  
11 there is an obvious worsening of the condition, or signs of infection.

12           (b)(i) Occupational therapists may perform wound care management  
13 upon showing evidence of adequate education and training by submitting  
14 an affidavit to the board attesting to their education and training as  
15 follows:

16           (A) For occupational therapists performing any part of wound care  
17 management, except sharp debridement with a scalpel, a minimum of  
18 fifteen hours of mentored training in a clinical setting is required to  
19 be documented in the affidavit. Mentored training includes  
20 observation, cotreatment, and supervised treatment by a licensed  
21 occupational therapist who is authorized to perform wound care  
22 management under this section or a health care provider who is  
23 authorized to perform wound care management in his or her scope of  
24 practice. Fifteen hours mentored training in a clinical setting must  
25 include a case mix similar to the occupational therapist's expected  
26 practice;

27           (B) For occupational therapists performing sharp debridement with  
28 a scalpel, a minimum of two thousand hours in clinical practice and an  
29 additional minimum of fifteen hours of mentored sharp debridement  
30 training in the use of a scalpel in a clinical setting is required to  
31 be documented in the affidavit. Mentored training includes  
32 observation, cotreatment, and supervised treatment by a licensed  
33 occupational therapist who is authorized to perform sharp debridement  
34 with a scalpel under this section or a health care provider who is  
35 authorized to perform wound care management, including sharp  
36 debridement with a scalpel, in his or her scope of practice. Both the  
37 two thousand hours in clinical practice and the fifteen hours of

1 mentored training in a clinical setting must include a case mix similar  
2 to the occupational therapist's expected practice.

3 (ii) Certification as a certified hand therapist by the hand  
4 therapy certification commission or as a wound care specialist by the  
5 national alliance of wound care or equivalent organization approved by  
6 the board is sufficient to meet the requirements of (b)(i) of this  
7 subsection.

8 (c) The board shall develop an affidavit form for the purposes of  
9 (b) of this subsection.

10 NEW SECTION. **Sec. 4.** The board of occupational therapy practice  
11 and the department of health shall adopt any rules necessary to  
12 implement this act.

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