



PROPOSED RULE MAKING

CR-102 (June 2004)

(Implements RCW 34.05.320)

Do NOT use for expedited rule making

Agency: Department of Health

- Preproposal Statement of Inquiry was filed as WSR 09-15-189 ; or
- Expedited Rule Making--Proposed notice was filed as WSR ; or
- Proposal is exempt under RCW 34.05.310(4).

- Original Notice
- Supplemental Notice to WSR
- Continuance of WSR

Title of rule and other identifying information: (Describe Subject)

Chapter 246-826 WAC amending the chapter to expand the scope of practice for health care assistants.

Hearing location(s): Department of Health
 Point Plaza East, Room 152
 310 Israel Road SE
 Olympia, Washington 98501

Date: June 8, 2010

Time: 1:30 p.m.

Submit written comments to:

Name: Erin Obenland
 Address: PO Box 47852
 Olympia, Washington 98504-7852
 Website: <http://www3.doh.wa.gov/policyreview/>
 fax 360 236-2406 by (date) 06/04/2010

Assistance for persons with disabilities: Contact

Erin Obenland by 05/20/2010

TTY (800) 833-6388 or () 711

Date of intended adoption: 06/08/2010

(Note: This is **NOT** the **effective** date)

Purpose of the proposal and its anticipated effects, including any changes in existing rules:

SHB 1414 (Chapter 43, Laws of 2009) expands the scope of practice for a health care assistant allowing them to administer certain over-the-counter and prescription drugs. Rules need to be amended to add what drugs health care assistants can administer, which categories can administer the drugs, and the routes of administration. The proposed rules will also specify how a health care assistant may demonstrate initial and ongoing competency to administer specific drugs as determined by the health care practitioner.

Reasons supporting proposal:

The Department of Health is proposing amending existing rules to reflect the change in the scope of practice and to include the legislation expiration date of July 1, 2013.

Statutory authority for adoption:

RCW 18.135.030

Statute being implemented:

Chapter 18.135 RCW

Is rule necessary because of a:

- | | | |
|-------------------------|------------------------------|--|
| Federal Law? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Federal Court Decision? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| State Court Decision? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
- If yes, CITATION:

DATE 04/29/10

NAME (type or print)
 Mary C. Selecky

SIGNATURE

TITLE
 Secretary

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
 STATE OF WASHINGTON
 FILED

DATE: April 29, 2010

TIME: 10:03 AM

WSR 10-10-051

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:

None.

Name of proponent: (person or organization)

Department of Health, Health Care Assistant Program

- Private
- Public
- Governmental

Name of agency personnel responsible for:

Name	Office Location	Phone
Drafting..... Erin Obenland	310 Israel Road SE, Tumwater, WA 98501	(360) 236-4945
Implementation....Erin Obenland	310 Israel Road SE, Tumwater, WA 98501	(360) 236-4945
Enforcement.....Erin Obenland	310 Israel Road SE, Tumwater, WA 98501	(360) 236-4945

Has a small business economic impact statement been prepared under chapter 19.85 RCW?

Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:

Name:

Address:

phone

fax

e-mail

No. Explain why no statement was prepared.

A small business economic impact statement was not prepared. The proposed rule would not impose more than minor costs on businesses in an industry.

Is a cost-benefit analysis required under RCW 34.05.328?

Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name: Erin Obenland, Program Manager

Address: PO Box 47852

Olympia, WA 98504-7852

phone (360) 236-4945

fax (360) 236-2406

e-mail erin.obenland@doh.wa.gov

No: Please explain:

AMENDATORY SECTION (Amending WSR 09-02-081, filed 1/7/09, effective 2/7/09)

WAC 246-826-030 Supervision of health care assistants. A health care assistant may be supervised by either the delegator or by another practitioner who can order the act under his or her own license. The practitioner who is supervising the health care assistant must be physically present and immediately available in the facility during the administration of injections ~~((or))~~, vaccines or drugs authorized in RCW 18.135.130. The supervising practitioner need not be present during procedures to withdraw blood.

AMENDATORY SECTION (Amending WSR 09-02-081, filed 1/7/09, effective 2/7/09)

WAC 246-826-100 Health care assistant classification. (1) There are seven categories of health care assistants. (~~All categories may administer vaccines with appropriate delegation and supervision. This can be done by injection, orally, topically, or by nasal administration.~~

~~(1) Category A assistants may perform venous and capillary invasive procedures for blood withdrawal.~~

~~(2) Category B assistants may perform arterial invasive procedures for blood withdrawal.~~

~~(3) Category C assistants may perform intradermal, subcutaneous and intramuscular injections for diagnostic agents and administer skin tests.~~

~~(4) Category D assistants may perform intravenous injections for diagnostic agents.~~

~~(5) Category E assistants may perform intradermal, subcutaneous and intramuscular injections for therapeutic agents and administer skin tests.~~

~~(6) Category F assistants may perform intravenous injections for therapeutic agents.~~

~~(7) Category G assistants may perform hemodialysis.)~~ The table in this subsection outlines the tasks authorized for each category of health care assistant. The administration of drugs pursuant to RCW 18.135.130 expires on July 1, 2013.

<u>Categories</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>
<u>May perform:</u>	<u>Venous and capillary invasive procedures for blood withdrawal</u>	<u>Arterial invasion procedures for blood withdrawal</u>	<u>Intradermal, subcutaneous and intramuscular injections for diagnostic agents and administer skin tests</u>	<u>Intravenous injections for diagnostic agents</u>	<u>Intradermal, subcutaneous and intramuscular injections for therapeutic agents and administer skin tests</u>	<u>Intravenous injections for therapeutic agents</u>	<u>Hemodialysis</u>
<u>Injection</u>	<u>Not authorized</u>	<u>Not authorized</u>	<u>V, I</u>	<u>I</u>	<u>V, I</u>	<u>I</u>	<u>Not authorized</u>
<u>Oral</u>	<u>V</u>	<u>V</u>	<u>D, V</u>	<u>V</u>	<u>D, V</u>	<u>V</u>	<u>V</u>
<u>Topical</u>	<u>D, V</u>	<u>D, V</u>	<u>D, V</u>	<u>D, V</u>	<u>D, V</u>	<u>D, V</u>	<u>D, V</u>
<u>Nasal</u>	<u>D, V</u>	<u>D, V</u>	<u>D, V</u>	<u>D, V</u>	<u>D, V</u>	<u>D, V</u>	<u>D, V</u>
<u>Rectal</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>
<u>Otic</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>
<u>Ophthalmic</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>
<u>Inhaled</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>	<u>D</u>

D - Drugs administered under RCW 18.135.130.

I - Drugs by injection under WAC 246-826-200.

V - Vaccines administered under RCW 18.135.120.

(2) A written order from a supervising health care

practitioner authorizing the administration of drugs listed in RCW 18.135.130 must be provided to the health care assistant.

(3) Health care assistants may perform supervised delegated functions as provided under WAC 246-826-020 and 246-826-030.

(4) Health care assistants must be able to demonstrate initial and ongoing competency to the supervisor or delegator on the administration of authorized drugs listed in RCW 18.135.130. Competency may be demonstrated by:

(a) Practicing techniques in a simulated situation; or

(b) Observing and performing procedures on patients until the health care assistant demonstrates proficiency to administer authorized drugs identified in the table in subsection (1) of this section; or

(c) Documenting all training on a checklist appropriate to the facility of the administration of drugs by the health care assistant. The health care assistant must complete and sign the form, have the form signed by the supervisor and the delegator, and have the form placed in their employee personnel file; or

(d) Other methods determined by the delegator.

AMENDATORY SECTION (Amending Order 121, filed 12/27/90, effective 1/31/91)

WAC 246-826-200 Hospital or nursing home drug injection. (1) ~~((Class C, D, E, or F))~~ Health care assistants certified in categories C, D, E or F and working in a hospital or nursing home may administer by injection the ~~((following types of))~~ drugs ~~((by injection as))~~ listed in subsection (2) of this section if:

(a) Authorized and directed by a delegator; ~~and ((as permitted by the category of certification of the health care assistant:))~~

(b) It is within their scope of practice as identified in the table of WAC 246-826-100.

(2) Drugs authorized to be administered by injection include:

- Antihistamines
- Antiinfective agents
- Antineoplastic agents
- Autonomic drugs
- Blood derivatives
- Blood formation and coagulation
- Cardiovascular drugs
- CNS agents
- Diagnostic agents
- Electrolytic, caloric and water balance
- Enzymes
- Gastrointestinal drugs
- Gold compounds
- Heavy metal antagonists
- Hormones/synthetic substitutes
- Local anesthetics
- Oxytocics
- Radioactive agents
- Serums toxoids, vaccines
- Skin and mucous membrane agents
- Smooth muscle relaxants
- Vitamins
- Unclassified therapeutic agents

~~((2))~~ (3) The schedule of drugs in subsection ~~((1))~~ (2) of this section shall not include the following unless the delegator is physically present in the immediate area where the drug is administered:

(a) Any controlled substances as defined in RCW 69.50.101 (1) (d) ((7)); or

(b) Any experimental drug ((and)); or

(c) Any cancer chemotherapy agent ~~((unless a delegator is physically present in the immediate area where the drug is administered)).~~

AMENDATORY SECTION (Amending WSR 02-06-115, filed 3/6/02, effective 4/6/02)

WAC 246-826-300 Definitions. (~~This section defines terms used in hemodialysis.~~

~~(1))~~ The definitions in this section apply throughout hemodialysis rules, WAC 246-826-301 through 246-826-303, unless the context clearly requires otherwise.

(1) "Competency" means the demonstration of knowledge in a specific area and the ability to perform specific skills and tasks in a safe, efficient manner.

(2) "Dialysis facility or center" means a place awarded conditional or unconditional status by the center for medicaid/medicare services to provide dialysis services. This does not include in the home setting.

(3) "Direct supervision" means the licensed health care practitioner, as required by or authorized by RCW 18.135.020, is physically present and accessible in the immediate patient care area and available to intervene, if necessary.

(4) "End-stage renal disease" (ESRD) means the stage of renal impairment that appears irreversible and permanent, and requires either the replacement of kidney functions through renal transplantation or the permanent assistance of those functions through dialysis.

(5) "Hemodialysis" means a process by which dissolved substances are removed from a patient's body by diffusion from one fluid compartment to another across a semipermeable membrane.

(6) "Hemodialysis technician" means a person certified as a health care assistant, Category G, by the department of health, who is authorized under chapter 18.135 RCW and these rules to assist with the direct care of patients undergoing hemodialysis and to perform certain invasive procedures under proper delegation and supervision by health care practitioners.

~~((2) "Competency" means the demonstration of knowledge in a specific area and the ability to perform specific skills and tasks in a safe, efficient manner.~~

~~(3) "Hemodialysis" means a process by which dissolved substances are removed from a patient's body by diffusion from one fluid compartment to another across a semipermeable membrane.~~

~~(4) "Dialysis facility or center" means a place awarded conditional or unconditional status by the center for medicaid/medicare services to provide dialysis services. This does not include in the home setting.~~

~~(5) "Direct supervision" means the licensed health care practitioner, as required by or authorized by RCW 18.135.020, is physically present and accessible in the immediate patient care area and available to intervene, when necessary.~~

~~(6))~~ (7) "Preceptor" means the licensed health care practitioner, as required by or authorized by RCW 18.135.020, who supervises, trains, and/or observes students providing direct patient care in a dialysis facility or center.

~~((7))~~ (8) "Training monitor" means the certified hemodialysis technician who with limited accountability mentors skill building and monitors for safety. The training monitor does not replace or substitute for the preceptor.

~~((8) "End-stage renal disease" (ESRD) means the stage of renal impairment that appears irreversible and permanent, and requires either the replacement of kidney functions through renal transplantation or the permanent assistance of those functions through dialysis.)~~)