

[Wash. Rev. Code § 18.59.170.]

§ 18.59.170. Scope of practice--Wound care management: Occupational Therapy

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

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

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

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

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

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

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

(B) For occupational therapists performing sharp debridement with a scalpel, a minimum of two thousand hours in clinical practice and an additional minimum of fifteen hours of mentored sharp debridement training in the use of a scalpel in a clinical setting is required to be documented in the affidavit. Mentored training includes observation, cotreatment, and supervised treatment by a licensed occupational therapist who is authorized to perform sharp debridement with a scalpel under this section or a health care provider who is authorized to perform wound care management, including sharp debridement with a scalpel, in his or her scope of practice. Both the two thousand hours in clinical practice and the fifteen hours of mentored training in a clinical setting must include a case mix similar to the occupational therapist's expected practice.

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

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

Notes:

Rules—2011 c 88: "The board of occupational therapy practice and the department of health are authorized to create rules necessary to implement this act."