



Washington State Board of Nursing (WABON)
Consistent Standards of Practice (CSP) Subcommittee Agenda
December 1, 2023 12:00 p.m. to 1:00 p.m.

Click here to register for this meeting: [Zoom Registration and Address](#)
Meeting ID: 870 8891 3980

Committee Members: Ella Guilford, MSN, M.Ed., BSN, RN, Chair
Quiana Daniels, BSN, RN, LPN, Member
Heleena Hufnagel, MBA-HCA, BS, Member
Tiffany Randich, RN, LPN, Pro Tem
Diana Meyer, DNP, RN, NEA-BC, FAEN, Pro Tem

Staff: Shana Johnny, DNP, RN, Nursing Practice Consultant
Margaret Holm, JD, RN, Nursing Practice Consultant
Seana Reichold, Staff Attorney
Dennis Gunnarson, Administrative Assistant
Deborah Carlson, MSN, RN, Nursing Practice Director

Questions:

Please contact us at 360-236-4703 if you:

- have questions about the agenda.
- want to attend for only a specific agenda item.
- need to make language or accessibility accommodations.

Language and Accessibility:

If you plan to attend and need language or accessibility services, WA BON can arrange help. Please contact us at least one week before the meeting, but no later than November 28, 2023.

Need this document in another format? Please call 800-525-0127.

Deaf or hard of hearing customers:

- Call: 711 (Washington Relay)
- Email: civil.rights@doh.wa.gov

Meeting Minutes:

WA BON records meetings to help write accurate minutes. Minutes are then approved at the WA BON business meeting. WA BON posts minutes on our website nursing.wa.gov.

All minutes and recordings are public record. They are available on request from DOH at doh.wa.gov/about-us/public-records.

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

- I. 12:00 PM Opening – Sharon Ness, Chair**
 - A. Call to Order
 - B. Public Disclosure Statement
 - C. Introductions of Members, Staff, and Public
- II. Standing Agenda Items**
 - A. Announcements/Hot Topic/WABON Business Meeting Update
 - B. Review of Draft Minutes - October 6, 2023
- III. Old Business**
 - A. Informed Consent Advisory Opinion – Approval to Develop Advisory Opinion
 - B. Commonly Asked Questions (CAQs)
 - i. Patient Abandonment CAQ Draft
 - ii. Nursing Delegation CAQ Drafts:
 - 1. RN Delegation of Enteral Tube Feedings to the NA-R/NA-C or HCA-C Draft
 - 2. RN Delegation of Enteral Tube Feedings in Schools, Kindergarten-Twelve (K-12) Grades Draft
 - 3. RN Delegation of Blood Glucose Monitoring and Administration of Insulin to the NA-R/NA-C or HCA-C Draft
 - 4. RN Delegation of Laboratory and Diagnostic Tests to the NA-R/NA-C and HCA-C Draft
 - 5. RN Delegation of Medications to the NA-R/NA-C or HCA-C in Community-Based and In-Home Care Settings Draft
 - 6. RN Delegation of Emergency Medications to the NA-R/NA-C or HCA-C in Community-based and In-Home Care Settings Draft
 - iii. Nursing Assistant Scope of Practice CAQ Drafts:
 - 1. NA-R/NA-C General Scope of Practice Draft
 - 2. NA-R/NA-C Scope of Practice: Emergency Care Draft
 - C. Covid screening workgroup follow-up
 - D. Quality Improvement/CSP's prioritization work
- IV. New Business**
 - A. CSPSC Orientation Presentation
 - B. CSPSC Position Description Revision and Review
- V. Public Comment** – This time allows for members of the public to present comments to the subcommittee. If the public has issues regarding disciplinary cases, please call 360-236-4713.
- VI. Ending Items**
 - A. Review of Actions
 - B. Meeting Evaluation
 - C. Date of Next Meeting – February 2, 2024
 - D. Adjournment



**Washington State Board of Nursing
Consistent Standards of Practice Subcommittee Minutes
October 6, 2023**

Committee Members Present: Sharon Ness, RN, Chair
Ella Guilford, MSN, M.ED., BSN, RN, Member
Quiana Daniels, BSN, RN, LPN, Member
Tiffany Randich, RN, LPN, Pro Tem
Diana Meyer, DNP, RN, NEW-BC, FAEN, Pro Tem

Staff: Deborah Carlson, MSN, PMC, CPM, RN, Director of Nursing Practice
Shana Johnny, DNP, MN, RN, Nursing Practice Consultant
Holly Palmer, Administrative Assistant
Seana Reichold, Staff Attorney

Opening:

Committee Chair Sharon Ness called the meeting to order at 12:09 P.M. The Consistent Standards of Practice subcommittee members and staff were introduced, and Commissioner Ness read the Public Disclosure Statement was read aloud.

Announcements:

- Shana Johnny provided an update on nurse delegation of COVID-19 testing in various settings and a summary report of a meeting with interested parties. Some concerns are outside WABON jurisdiction and must be solved by individual agencies or organizations.
- Debbie Carlson provided an update on nursing delegation related to the Centers for Medicare and Medicaid (CMS) Acute Hospital-at-Home Care Model; action should only be taken if the program exists. Ms. Carlson will follow up with attendees who requested an informational meeting.
- Ms. Johnny introduced the Consistent Standards of Practice Subcommittee Quality Assurance Plan. Due to increased workload and additional activities, staff will review work processes and develop a system to filter requests to determine priority levels. Pro Tem board member Diane Meyer will assist staff in building this framework.

Draft Minutes: CSPSC agreed to move the June 2 and June 8, 2023, draft minutes to the November WABON business meeting.

Old Business:

Non-Surgical Cosmetic Procedures/Informed Consent – CSPSC agreed to request Board approval to develop an Advisory Opinion and a Commonly Asked Questions (CAQ) document after discussing this issue. This request will move to the November WABON business meeting.

Nurse Delegation Advisory Opinions – Ms. Carlson received extensive feedback from interested parties on the complexity of developing Advisory Opinions to address nursing delegation in various settings. It was determined that a CAQ document is better suited to provide information and guidelines. Ms. Carlson will draft a CAQ document for the subcommittee to review.

New Business:

Advisory Opinion: NCAO 20.03 Death with Dignity - Aid in Dying: Role of the Nurse Revision Draft – Ms. Carlson provided background and an update. This document relates to a law change for nurse practitioners, who can now prescribe for qualified patients. The revision is to comply with the new rules. CSPSC agreed to move this forward to the November WABON business meeting for approval.

Advisory Opinion: NCAO 28.01 Standing Orders – Draft Revision – Ms. Carlson provided background and update. The document lists state-wide standing orders rescinded once the COVID-19 pandemic ended. The subcommittee agreed to forward the draft revision of the Advisory Opinion to the November WABON business meeting for approval.

Commonly Asked Questions - Patient Abandonment: Active Shooter Scenario – Draft Revision – Ms. Carlson provided background and update. The Washington State Nursing Association requested clarification from the board about patient abandonment and active shooter scenarios. The current interpretive statement does not explicitly address active shooter scenarios and what constitutes patient abandonment. The sub-committee agreed to forward the CAQ draft revision to the November WABON business meeting for full approval.

CAQ – Emergency Care – Scope of Practice in Community-Based and Home-Care Settings – Draft – The Washington State Department of Social and Health Services is requesting a formal response as to whether the RN can delegate administration of injectable epinephrine, glucagon, and naloxone. Ms. Carlson is working on draft CAQs; input will be solicited from interested parties, and the AAG will review and provide recommendations before a draft is brought back to the subcommittee for review.

Public Comment: The public was permitted time to comment on agenda items.

Ending Items

- Review of Actions: Multiple advisory opinion drafts forwarded to the board for approval at the November Board meeting:
 - Non-Surgical Cosmetic Procedures/Informed Consent Advisory Opinion: Request to Draft.
 - NCAO 20.03 Death with Dignity – Aid-in-Dying: Role of the Nurse Advisory Opinion Draft: Request to Adopt.

- NCAO 28.01 Standing Orders – Draft Revision: Request to Adopt.
- Patient Abandonment Commonly Asked Questions Draft: Active Shooter Scenario: Request to Adopt.

Meeting Evaluation: Participants were permitted time to discuss meeting processes and outcomes.

Date of Next Meeting – December 1, 2023

Adjournment 1:01 PM

DRAFT

Commonly Asked Questions (CAQ)

Category: Patient Abandonment

What is the legal definition of patient abandonment?

The Washington State nursing laws and rules do not define patient abandonment. The Washington State Board of Nursing (WABON) has investigated and disciplined nurses for issues surrounding the concept of abandonment as it relates to the nurse's duty to a patient. The WABON's position applies to the licensed practical nurse, registered nurse, and advanced registered nurse practitioner. Some behavior may be considered an employer-employment issue and not patient abandonment. The American Nurses Association (ANA) defines patient abandonment as "a unilateral severance of the established nurse-patient relationship without giving reasonable notice to the appropriate person so that arrangements can be made for the continuation of nursing care by others..."

What does the Washington State Board of Nursing (WABON) consider as patient abandonment?

The nurse's duty is not defined by any single event, such as clocking in or taking a report. From the WABON standpoint, the focus for disciplinary sanctions is on the relationship and responsibility of the nurse to the patient, not to the employer or employment setting. The primary concern is whether the nurse's actions compromised patient safety or caused patient abandonment. The nurse must:

- Have first accepted the patient assignment, thus establishing a nurse-patient relationship, and then,
- Severed that nurse-patient relationship without giving reasonable notice to the appropriate person (e.g., supervisor, patient, contractor) so that arrangements can be made for the continuation of nursing care by others.

Failure to fulfill a nursing responsibility may result in unsafe nursing care. Failure to practice with reasonable skill and safety is a ground for disciplinary action by the WABON. The decision to take disciplinary action is based on the facts of the individual case, and the unique circumstances of each situation, and their application to grounds for disciplinary action in the nursing laws and rules.

The concept of the nurse's duty to promote patient safety also serves as the basis for determining behavior that could be considered unprofessional conduct. The Board believes nurses should be vigilant and exercise sound professional judgment when accepting assignments that may be requested by employers who need nurses to fill vacant shifts for licensed nursing staff or other staffing-related situations. Clear communication between staff

and supervisors is essential to finding solutions that best focus on patient care needs without compromising patient safety or a nurse's license.

Is it considered patient abandonment if a nurse is the sole provider of care of the patient, and no other care provider is available to relieve the nurse?

There are some unique circumstances about which at may be considered patient abandonment. An example is a registered nurse with a private practice or a contract to provide care to a patient who does not arrange for another qualified care provider to continue the care, may be considered patient abandonment. A complaint should be reported to the Washington State Board of Nursing (WABON) for possible disciplinary action. Conduct that is not actionable by the WABON is most appropriately addressed by the employer, consistent with employment laws, rules, and policies.

What is the nurse's responsibility specific to patient abandonment?

The Washington State Board of Nursing (WABON) holds nurses accountable to the minimum standard of care, which requires the nurse to fulfill a patient care assignment or transfer responsibility to another qualified person once a nurse has accepted an assignment.

What are some examples of an employee-employment issue vs. patient abandonment?

The Washington State Board of Nursing (WABON) has no jurisdiction over employers, employment-related issues or disputes. Other laws regulating facility licensure may apply certain responsibilities to the employer for patient safety, such as developing effective patient care systems or providing adequate numbers of qualified staff. Specific requirements for a given facility may be obtained by contacting the applicable licensing authority for the institution. The WABON believes that the following are examples of employment issues that would not typically involve violations of nursing laws and rules:

- Resignation without advance notice, assuming the nurse's current patient care assignment and work shift have been completed.
- Refusal to work additional shifts, either "doubles" or extra shifts on days off.
- Other work-related issues, such as frequent absenteeism, tardiness, or conflicts between staff/employees.
- Not showing up for work or not calling in.
- Refusing to work all remaining scheduled shifts after resigning.
- Refusing an assignment for religious, cultural, legal, or ethical reasons.
- Not returning from a leave of absence.
- Refusing to work in an unsafe situation.
- Refusing to delegate to an unsafe caregiver.
- Refusing to give care that may harm the patient.
- Refusing to accept an assignment or a nurse-patient relationship.

- Refusing to work mandatory overtime beyond the regularly scheduled number of hours.
- Refusing to work in an unfamiliar, specialized, or “high-tech” practice area when there has been no orientation, educational preparation, or employment experience.
- Refusing to “float” to an unfamiliar unit to accept a patient assignment.

Examples of abandonment:

- Accepting the assignment and then leaving the unit without notifying a qualified person.
- Leaving without reporting to the on-coming shift.
- Leaving patients without licensed supervision (especially at a long-term care facility with no licensed person coming on duty).
- Sleeping on duty.
- Going off the unit without notifying a qualified person and arranging coverage of patients.
- Leaving in an emergency.
- Overlooking or failing to report abuse or neglect.
- Giving care while impaired.
- Giving incompetent care.
- Delegating care to an unqualified caregiver.
- Failure to perform assigned responsibilities.
- Closing a private practice without making reasonable arrangements for the patient to transfer care.

If a nurse is assigned to see a home-bound patient daily, but did not show up for a week, notify anyone, and did not arrange for another nurse to see the patient, is this patient abandonment?

It is important to consider what the nurse-patient assignment involves. Acceptance of a patient assignment may vary from setting to setting and requires a clear understanding of the workload and the agreement to provide care. In this situation, since the nurse failed to see the patient for a week and failed to request another nurse visit, this may be considered patient abandonment. A complaint should be reported to the Washington State Board of Nursing (WABON). Conduct, that is not actionable by the WABON is most appropriately addressed by the employer, consistent with employment laws, rules, and policies.

If it is unsafe for the nurse to provide care during an emergency or disaster, is this patient abandonment?

A nurse may have to choose between the duty to provide safe patient care and protecting the nurse's own life during an emergency, including but not limited to disasters, infectious disease outbreaks, acts of terrorism, active shooter incidents, and workplace violence. All nurses must adhere to nursing laws and rules regardless of practice setting, position title, or role. There is

also no routine answer to the question, *"When does the nurse's duty to a patient begin?"* The nurse's duty is not defined by any single event, such as clocking in or taking a report. From a Washington State Board of Nursing (WABON) standpoint, the focus for disciplinary sanctions is on the relationship and responsibility of the nurse to the patient, not to the employer or employment setting. The WABON believes nurses should be vigilant and exercise sound professional judgment when accepting assignments that may be requested by employers who need nurses to fill vacant shifts for licensed nursing staff or other staffing-related situations. The nurse should take steps to protect patients if there is time and use a method that does not jeopardize the nurse's safety or interfere with law enforcement personnel.

An example is an active shooter incident. This scenario may include evacuating the area or preventing entry to a place where the active shooter is located. However, a nurse may find insufficient time to do anything but ensure their own safety during the situation. In this case, as soon as the situation has been resolved the nurse should promptly resume care of patients.

In accordance with [FBI active shooter training](#) provides, the safe and ethical response would be to maintain the safety of oneself instead of rushing to an injured party in a dangerous situation. When the immediate danger to self is over, a nurse would go to any injured person and assist in the most informed and efficient way possible.

Clear communication between staff and supervisors is essential to finding solutions that best focus on patient care needs without compromising patient safety or a nurse's license. The Washington State Board of Nursing (WABON) recommends that employers develop and periodically review policies and procedures to provide nurses with clear guidance and direction so patients can receive safe and effective care.

What do I do if my employer requires me to work a double shift during a disaster, and I am already physically exhausted?

A nurse must accept only assignments that consider patient safety and are commensurate with the nurse's educational preparation, experience, knowledge, physical, and emotional ability. This is an employer-employment issue that the Washington State Board of Nursing does not have authority over.

How does the Washington State Board of Nursing (WABON) decide whether a complaint is patient abandonment or an employee-employment issue?

Complaints of "patient abandonment" when it is evident from the allegation that it is an employment issue will not be investigated by the WABON. Some general factors that would be considered in investigating a complaint alleging a nurse left an assignment would include, but not be limited to:

- The extent of dependency or disability of the patient.
- Stability of the patient.
- The length of time the patient was deprived of care.
- Any harm to the patient/level of risk of harm to the patient.
- Steps taken by the nurse to notify a supervisor of the inability to provide care.
- Previous history of leaving a patient care assignment.
- Emergencies that require nurses to respond, including but not limited to disasters, disease outbreaks, and bioterrorism.
- Workplace violence, including but not limited to an active shooter situation.
- Other unprofessional conduct concerning the practice of nursing.
- The nurse's general competency regarding adherence to minimum nursing standards.

As with all allegations received by the WABON, the alleged conduct by a nurse will be thoroughly investigated to determine what, if any, violations of the nursing laws and rules have occurred. Depending upon the case analysis, actions may range from the case being closed with no findings or action, to suspension or revocation, or voluntary surrender of the nurse's license. If evidence of violations exists, the WABON must determine what sanction is appropriate for the nurse's license and what specific stipulation requirements will be applied.

Can the nurse invoke "Safe Harbor" in Washington State if asked to accept an assignment that could cause the nurse to violate their duty to a patient?

Washington State does not have a "Safe Harbor" law. Safe Harbor is a means by which a nurse can request a peer review committee determination of a specific situation concerning the nurse's duty to a patient, affording nurse immunity from the board action against the nurse's license.



SUBCOMMITTEE ORIENTATION



Washington State Board of Nursing

Introduction

Committees have
become so important
nowadays that
subcommittees have
to be appointed to do
the work.

Laurence J Peter

Purpose

To assist board members, pro tems and staff in understanding their roles and responsibilities while serving on the Washington State Board of Nursing (WABON) Consistent Standards of Practice Subcommittee

CSPSC Position Description

Purpose	Membership	Duties and Responsibilities	Staff
<ul style="list-style-type: none">• Advise, monitor and recommend re: RN, LPN, and NA scope of practice• Draft SOP FAQs, advisory opinions, interpretive, policy, declaratory, position statements, documents or guidelines• Review/draft policies and procedures	<ul style="list-style-type: none">• RN WABON Member• LPN WABON Member• Public WABON Member	<ul style="list-style-type: none">• Prepares meeting agendas• Establishes meeting dates and times• Prepares and presents drafts and reports to the WABON• Implements activities assigned for the WABON's Strategic Plan• Review SOP policies, statements, advisory opinions, rules• Addresses SOP issues	<ul style="list-style-type: none">• Nursing Practice Consultant(s)• Staff Attorney• Administrative Assistant• Nursing of Practice Director



CONSISTENT STANDARDS OF PRACTICE SUBCOMMITTEE OVERVIEW

Subcommittees are Open Public Meetings

- Agenda and meeting notifications
- Approved Minutes webpage posting

OPMA Law: <http://apps.leg.wa.gov/RCW/default.aspx?cite=42.30>

OPMA Frequently Asked Questions:

http://www.governor.wa.gov/sites/default/files/documents/open_public_meetings_act.pdf

Chair Roles and Responsibilities

- ◉ Develops agenda (working with staff)
- ◉ Participate in pre-planning meetings
- ◉ Facilitates meetings
- ◉ Delegates responsibilities to members and staff
- ◉ Ensure subcommittee is functioning and carrying out tasks
- ◉ Encourage and motivate participation - Guide subcommittee in proposing actions
- ◉ Ensure draft minutes are complete and accurate
- ◉ Understand subcommittee and business committee processes
- ◉ Familiarity with topics and issues
- ◉ Address member attendance issues/concerns

Role of the Subcommittee

- Subcommittees “do the work” of the board.
- They present their work to the board for actions and decisions.
- The subcommittees formulate recommendations.
- The subcommittees do not have the authority to make decisions – only the board has authority to make decisions and/or act following the Uniform Disciplinary Act.
- Subcommittees work on the premise of consensus building rather than majority vote (quorum not required)

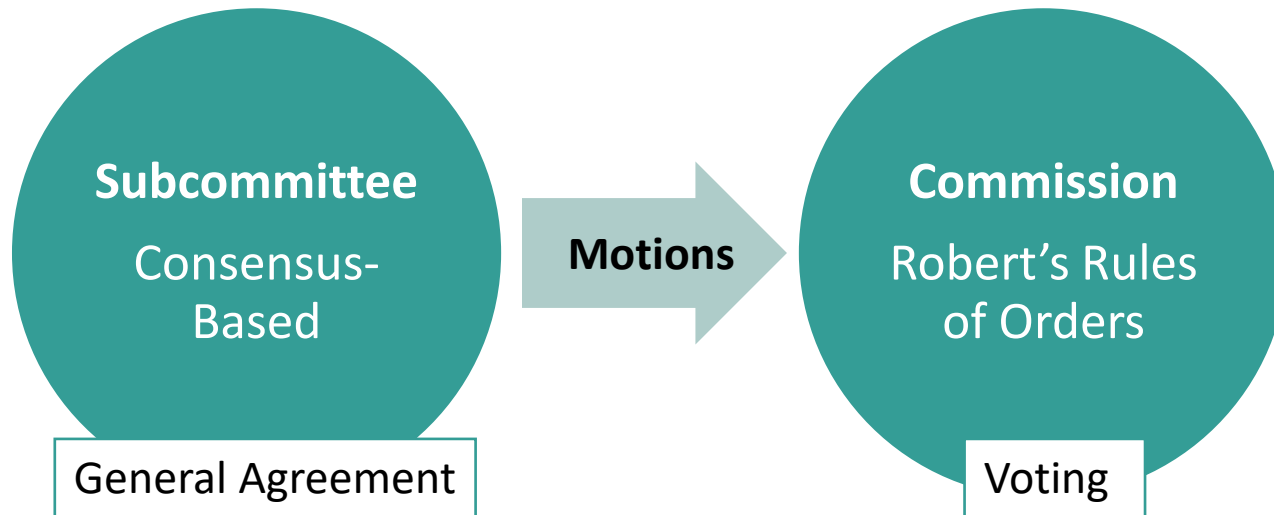
Member Roles and Responsibilities

- Attend and contribute at meetings
- Review draft documents
- Actively participate - be involved in discussion and make contribute to discussion – provide thoughtful input
- Understand subcommittee and business committee processes
- Familiarity with topics and issues

Staff Roles and Responsibilities

- Assist CSPSC Chair and members
 - Coordinate CSPSC meetings
 - Works with Chair to develop agenda, schedule meetings, draft minutes and other documents
 - Pre-meeting conference call with Chair
 - Coordinate and conduct workshops/public/partner meetings
 - Develops draft documents
 - Develops motion summaries for the Chair

Consensus vs. Parliamentary Procedures



Roberts Rules of Order: Motions

Video Clip:

[Roberts Rules of Order – Motions](#)

- Motions from a subcommittee do not require a second
- Motion preparation
 - Concise
 - Unique
 - Specific



EFFECTIVE SUBCOMMITTEE MEETINGS

Running Effective Subcommittee Virtual Meetings

Video Clip:

- Facilitate the discussion to include all present (members and allow public comment)
- Develop a list of questions that encourage participation
- Allow room for flexibility in the agenda
- Evaluate the meeting and take actions as appropriate
- Be prepared prior to the meeting
- Bring personality to the meeting
- Polite and culturally aware
- Introductions

Guidelines for Members

Effective Virtual Subcommittee Meetings

- Log on 15 minutes early – test your technology
- State your name when you speak
- Find a quiet place to participate
- Self-mute – Use headsets if possible
- Be courteous and respectful
- Don't carry on side conversations
- Don't interrupt
- Don't make distracting noises
- Speak up/speak clearly
- Do not multitask

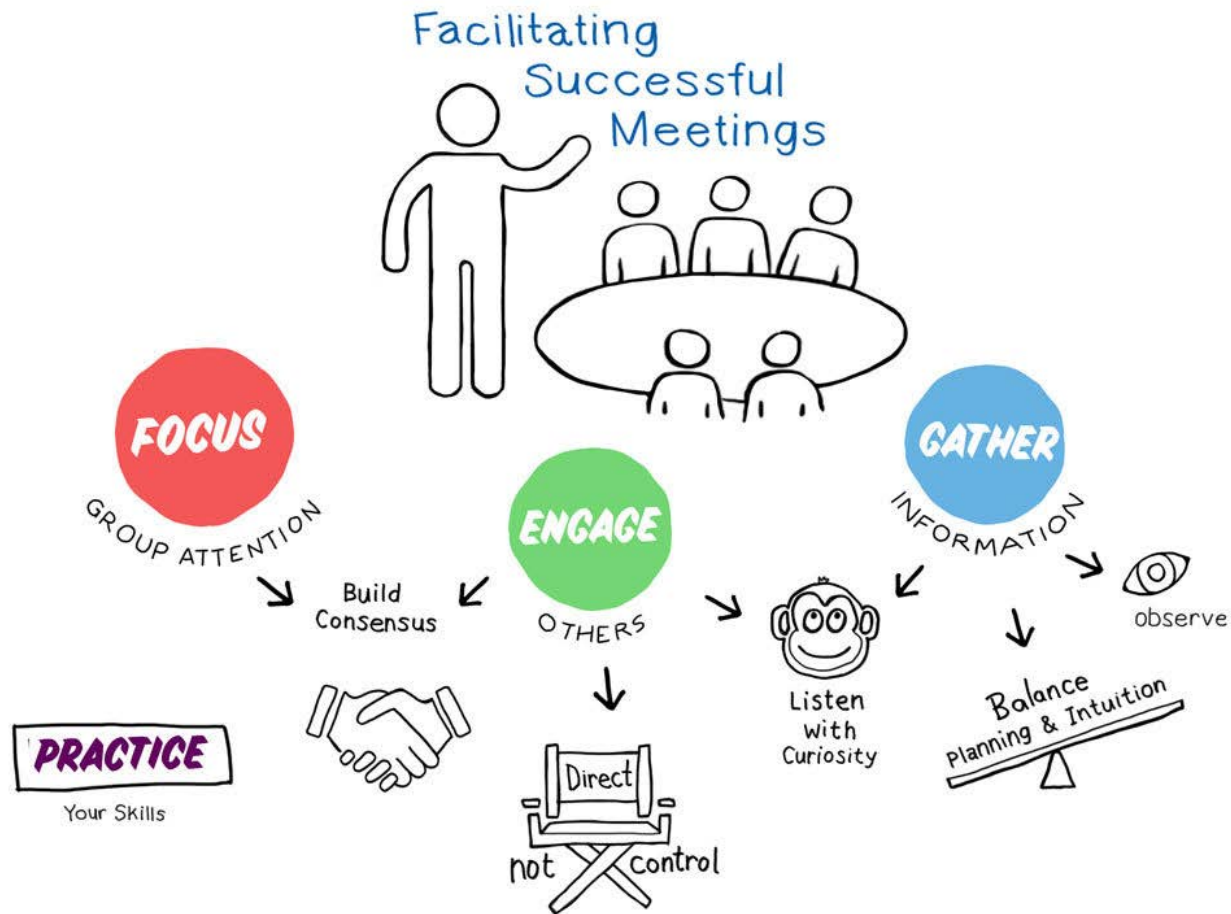


Subcommittee Chair as Facilitator

“Facilitation is the art of leading people through processes towards agreed-upon objectives in a manner that encourages participation, ownership and creativity by all those involved”



Meeting Chair/Facilitator Skills





SUCCESSION PLANNING

Subcommittee Chair and Members: Succession Planning

- WABON's Role/Key Practices
 - Competencies and attributes
 - Nominations, election and appointments
 - Orientation and ongoing development
 - Leadership development
 - Assessment





STATUTES AND REGULATIONS

Nursing and Nursing Assistant Statutes and Regulations

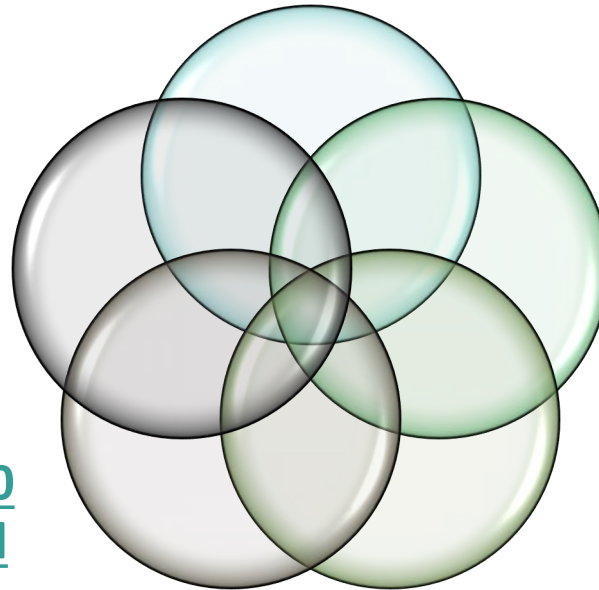
[RCW 18.130](#)
[Uniform](#)
[Disciplinary Act](#)

[RCW 18.79](#)
[Nursing Care](#)

[RCW 18.88A](#)
[Nursing](#)
[Assistants](#)

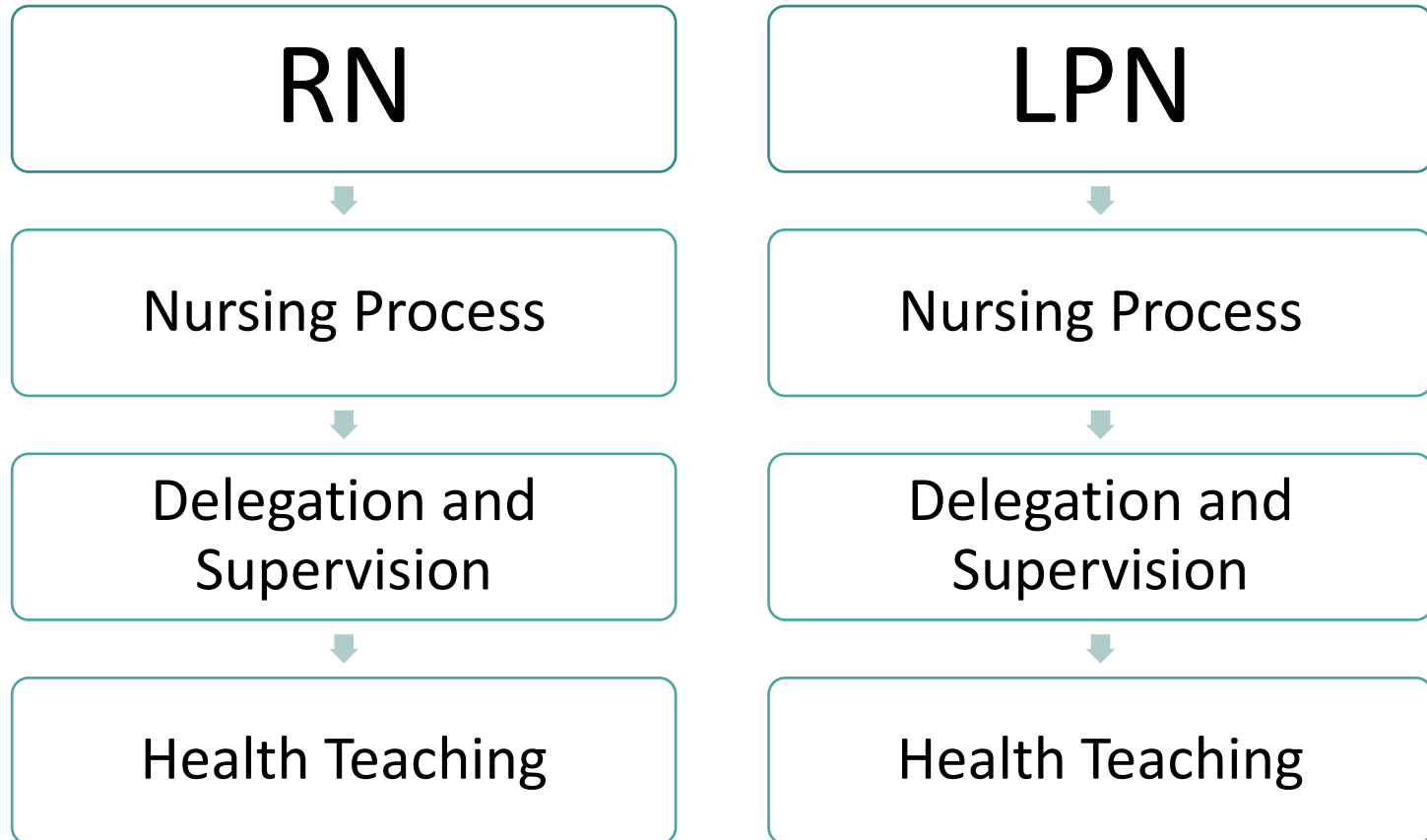
[WAC 246-840](#)
[Practical and](#)
[Registered](#)
[Nursing](#)

[WAC 246-841](#)
[Nursing](#)
[Assistants](#)



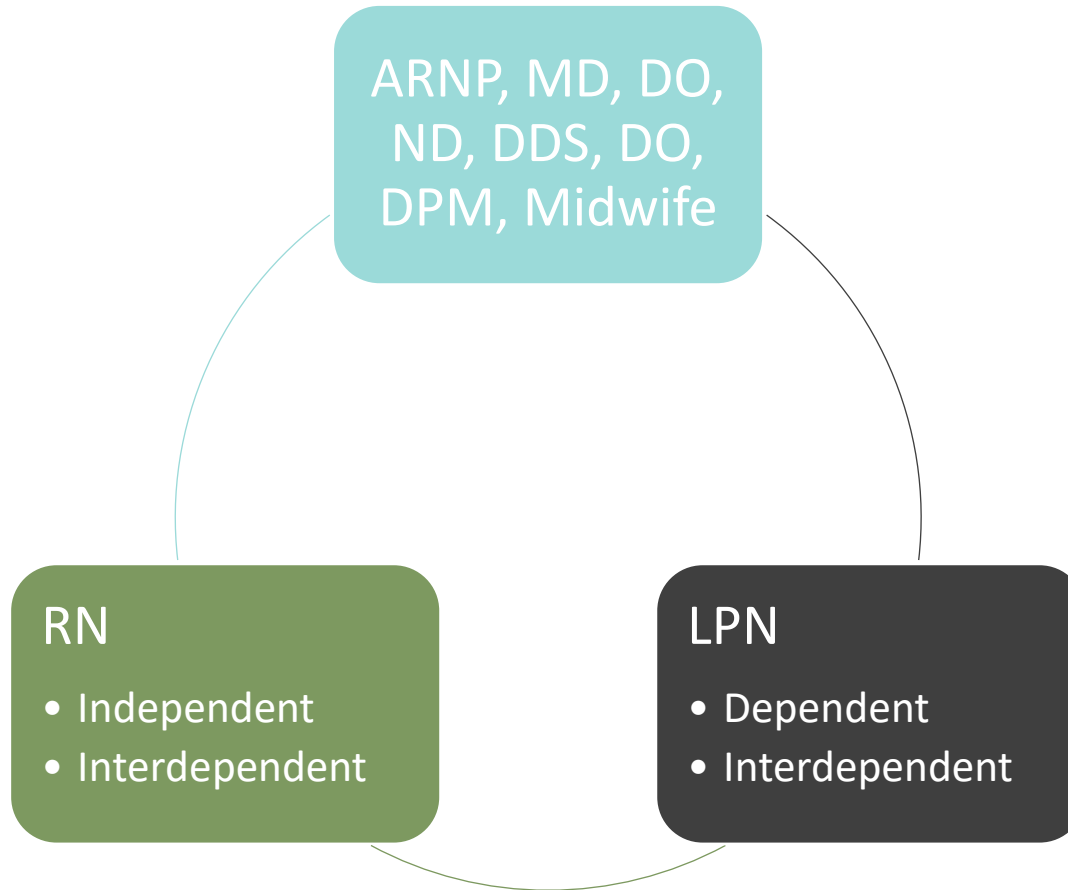
Nursing Regulations

WAC 246-840-700 Standards of Nursing Conduct or Practice



Nursing Regulations

WAC 246-840-705 Functions of a RN and LPN



Nursing Assistant Regulations

Standards of Practice & Core Competencies

- Requires direction and supervision from a RN or LPN when providing nursing care

Nursing Assistant Delegation

- Delegation Process
- Setting-specific
 - Community-based settings
 - Home settings
 - Hospitals

Nursing Assistants: Prohibited Delegation

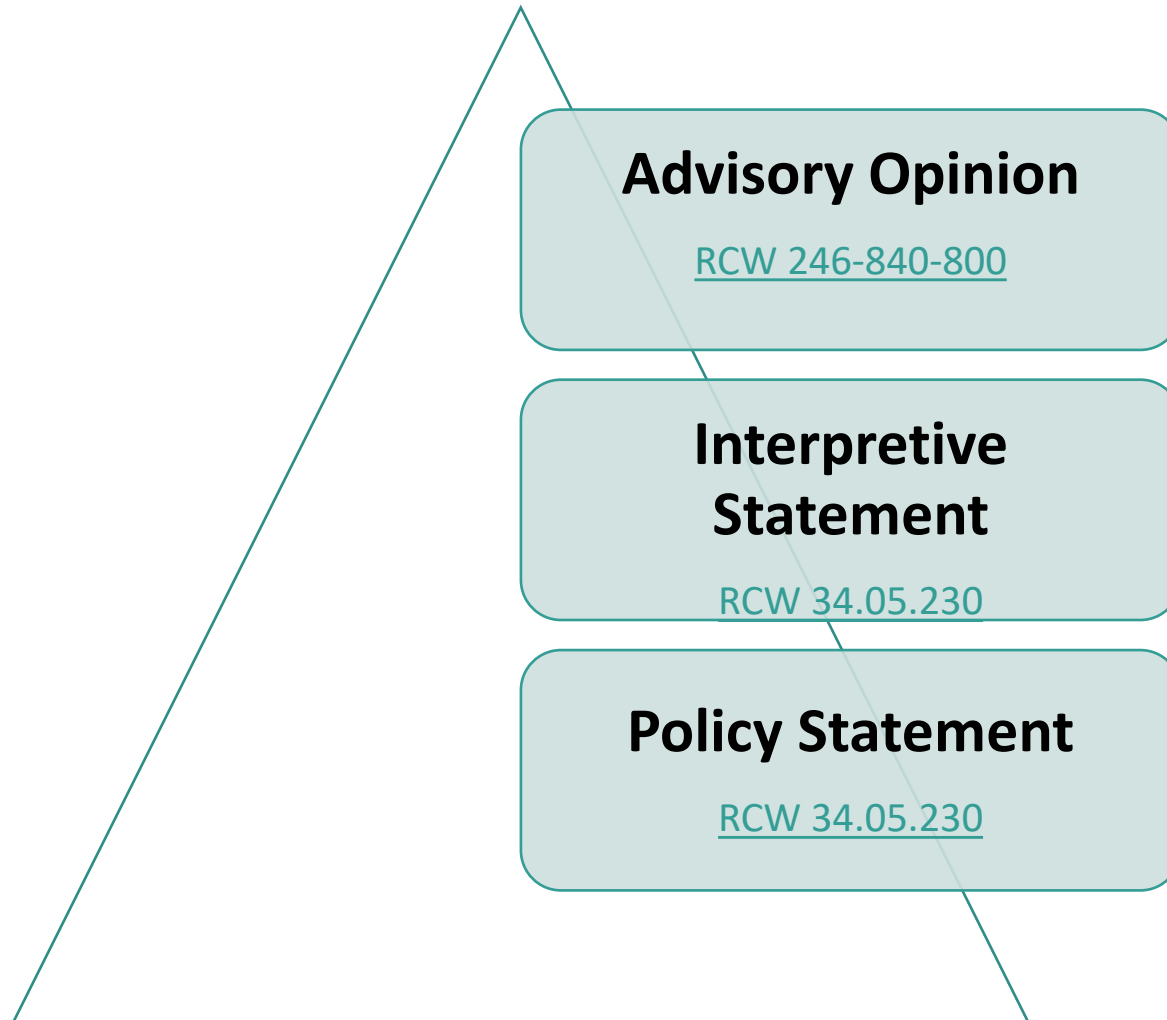
- Medication administration by injection
 - Exception - insulin/non-insulin for diabetes management in community-based and home settings
- Tasks involving puncturing the skin
 - Exception – capillary blood glucose testing in any setting where health care services are provided
- Sterile procedures
- Central line maintenance
- Acts that require nursing judgment



WABON AUTHORITY

WABON Authority

RCW 34.05 Administrative Procedures Act



What is an Advisory Opinion?

- The WABON may adopt rules or issue *advisory opinions* in response to questions put to it by professional health associations, nursing practitioners, and consumers in this State concerning *the authority of various categories of nursing practitioners to perform particular acts*. RCW 18.79.110.
- Issued in the absence of a case or controversy
- Not legally binding and carry no precedential value
- Should be asked and answered before the conduct occurs

What is an Interpretive Statement?

- A written expression of the opinion of an agency, entitled an interpretive statement by the agency head or its designee, as to *the meaning of a statute or other provision of law*, of a court decision, or of an agency order. RCW 34.05.010(8).
- An interpretive statement lets the public know how the agency interprets its own law or rule—what the agency thinks it means

What is a Policy Statement?

- A written description of *the current approach of an agency*, entitled a policy statement by the agency head or its designee, *to implementation of a statute or other provision of law*, of a court decision, or of an agency order, including where appropriate the agency's *current practice, procedure, or method of action* based upon that approach. RCW 34.05.010(15).
- A policy statement informs the public of the agency's current approach to implementation of its own law or rule.

Do Interpretive & Policy Statements Change the Law?

- Interpretive and Policy Statements advise the public of current opinions, approaches, and likely courses of action
- An agency is “encouraged to convert long-standing interpretive and policy statements into rules” RCW 34.05.230(1)
 - Interpretive and policy statements are advisory only
 - Interpretive and policy statements must be submitted to the Code Reviser for publication in the Washington State Register

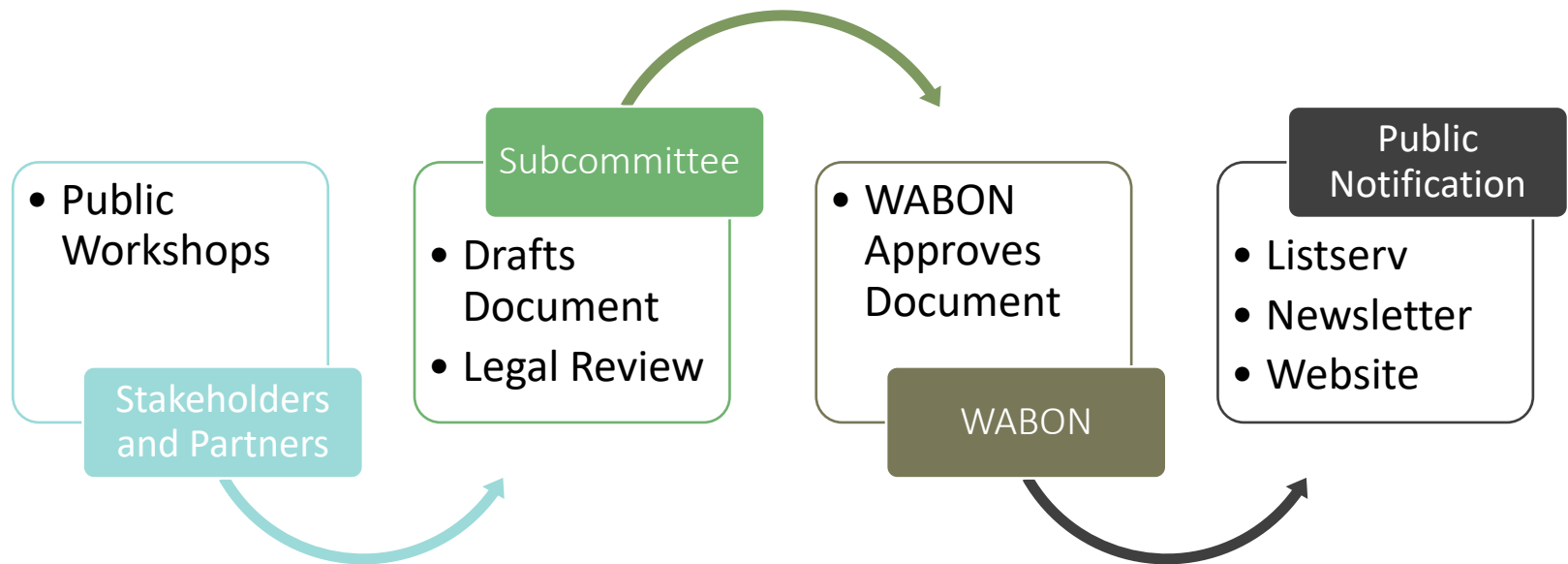
Washington State Registry

- ▶ Interpretive and policy statements must be sent to the Code Reviser's Office to be published in the Washington State Registry. RCW 34.06.230(4).
 - The agency must include a statement describing the subject matter and
 - List the person at the agency from whom a copy of the statement may be obtained

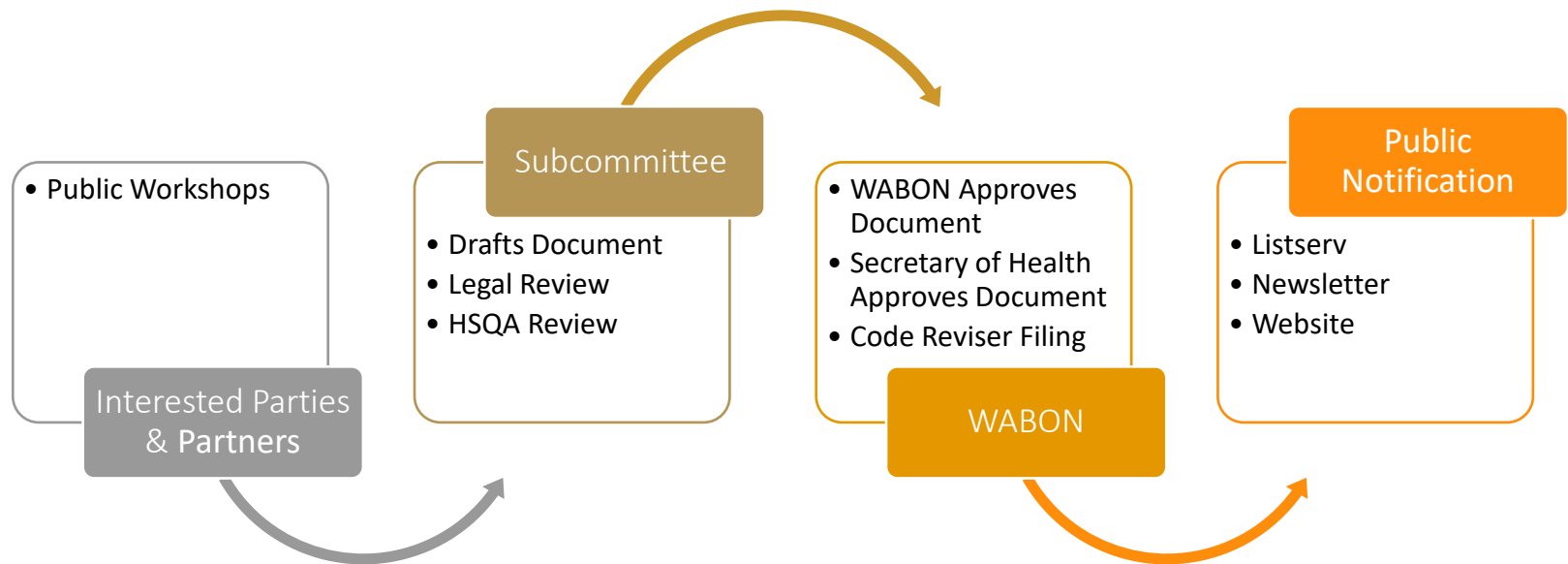
Secretary of Health Review

The Secretary of Health shall review and coordinate all proposed rules, interpretive statements, policy statements and declaratory orders, as defined in RCW 34.05, proposed for adoption or issuance by any health profession board or commission vested with rule-making authority identified under RCW 18.130.040 (2)(b)

Advisory Opinion Process



Interpretive and Policy Statement Process



Nursing Scope of Practice



Defined Boundaries

- Federal Laws
- RCWs & WACs
- Interpretive Statements



Educational Qualifications

- Formal Nursing Training
- Knowledge
- Experience
- Training
- Competency



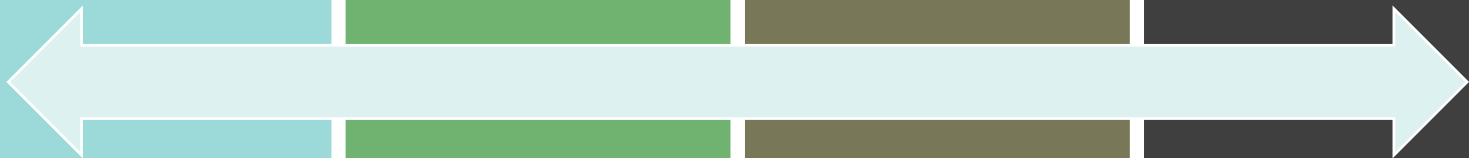
Standards of Practice

- Professional organizations
- Accrediting organizations
- Evidence-based nursing

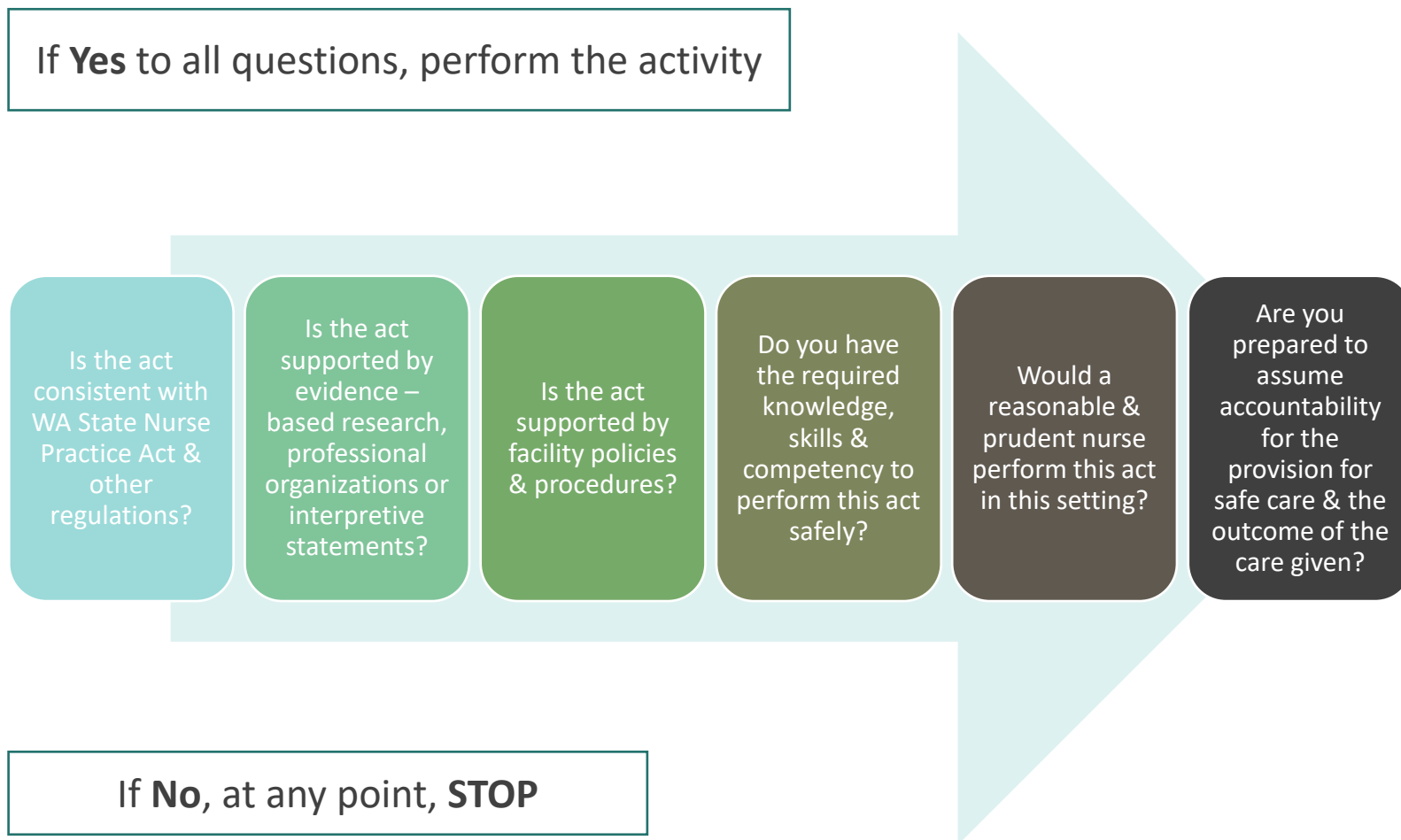


Facility Boundaries

- Policies & Procedures
- Protocols



Scope of Practice Decision Tree



Questions? Comments? Suggestions?



Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.

Washington State Board of Nursing (WABON) Subcommittee Position Description

Consistent Standards of Practice Subcommittee (CSPSC)

Purpose: To advise, monitor, and recommend scope of practice processes, advisory opinions, interpretive statements, policy statements, general policies and procedures, commonly asked questions, other guidance documents, and requests for regulation review or formulation related to the registered nurse (RN), licensed practical nurse (LPN), and nursing assistant (NA).

Membership: (Chair appointed by the WABON Chair)

- RN member of the WABON
- LPN member of the WABON
- Public member of the WABON

Duties and Responsibilities of the Subcommittee:

1. Establishes subcommittee meeting dates and times in consultation with the subcommittee members.
2. Prepares and distributes the CSPSC agenda, in consultation with the chair following internal policies, procedures, and the Open Public Meetings Act (OPMA).
3. Drafts responses to questions regarding scope of practice assigned by the WABON.
4. Reviews practice standards, addresses requests for advisory opinions, interpretive statements, and other WABON approved documents.
5. Reviews WABON policies, advisory opinions, policy statements, and other documents, and administrative rules as directed and scheduled by the WABON.
6. Responds to the changing healthcare environment by addressing scope of practice issues and making recommendations to the WABON as appropriate.
7. Provides recommendations and implements assigned responsibilities for the WABON Strategic Plan.

Provides a comprehensive annual report to the Washington State Board of Nursing including activities, accomplishments, and opportunities for improvement.

Staff:

Nursing Practice Director
Nursing Practice Consultants
Nursing Practice Administrative Assistant
Staff Attorney

Adopted: Date Unknown

Revised: 3/11, 3/13/2015, 5/12/2017, TBD