WASHINGTON STATE BOARD OF NURSING (WABON)
Consistent Standards of Practice Sub Committee
December 3, 2024 12 p.m. to 1 p.m.

Join the Meeting on Zoom
from your computer, tablet or smartphone

You can also dial in using your phone
United States: +1 (253) 215-8782
Meeting ID: 863 7463 1831

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 Marlin Galiano, MN, RN, Nursing Practice Consultant Seana Reichold, Staff Attorney Luis Cisneros, 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.

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Meeting Minutes:
WABON records meetings to help write accurate minutes. Minutes are approved at the WABON business meeting. WABON posts minutes on our website Meetings | WABON.

WASHINGTON STATE BOARD OF NURSING (WABON)
Consistent Standards of Practice Sub Committee
December 3, 2024 12 p.m. to 1 p.m.

All minutes and recordings are public records. They are available on request from the Department of Health (DOH) at Public Records | WA DOH

I. **12:00 PM Opening – Ella Guilford, Chair**
   A. Call to Order – Ella
   B. Public Disclosure Statement – Ella
   C. Introductions of Members, Staff, and Public – Ella/Shana

II. **Standing Agenda Items**
   A. Announcements/Hot Topic/WABON Business Meeting Updates
   B. Rules Updates/Licensing and Continuing Competency Rules Review
      i. Web Updates/Logo Changes
      ii. Presentations/Webinar
   C. Review of Draft Minutes – October 1, 2024

III. **Old Business**
   A. Informed Consent Advisory Opinion Update – Shana
   B. Quality Improvement/Matrix Tool Demonstration – Shana
   C. Nurses Dispensing and Distributing Opioid Overdose Reversal Medication (OORM) Frequently Asked Question (FAQ) – Shana

IV. **New Business**
   A. Radiology Procedures Scope of Practice Advisory Opinion Discussion – Shana
   B. Telehealth Advisory Opinion and FAQs Registered Nurse (RN)/Licensed Practical Nurse (LPN) Update – Shana
   C. Medication Assistance Rules Hearing: Pharmacy Quality Assurance Commission (PQAC) Update – Shana

V. **Public Comment –** This time allows for members of the public to present comments to the subcommittee. For issues regarding disciplinary cases, call 360-236-4713.

VI. **Ending Items**
   A. Review of Actions
   B. Meeting Evaluation
   C. Date of Next Meeting – February 4, 2024

VII. Adjournment

WASHINGTON STATE BOARD OF NURSING (WABON)
Consistent Standards of Practice Sub Committee Minutes
October 1, 2024, 12 p.m. to 1 p.m.

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Staff:	Shana Johnny, DNP, RN, Nursing Practice Consultant Margaret Holm, JD, RN, Nursing Practice Consultant Marlin Galiano, MN, RN, Nursing Practice Consultant Seana Reichold, Staff Attorney Luis Cisneros, Staff Attorney Dennis Gunnarson, Administrative Assistant Deborah Carlson, MSN, RN, Nursing Practice Director Alison Bradywood, DNP, MPH, RN, NEA-BC, Executive Director

I. Opening
   a. Ella called the meeting to Order at 12:00
   b. Ella read the Public Disclosure Statement
   c. Ella/Shana introduced members, staff and public members.
      i. Gail McGaffick with VMFH
      ii. Joe Kutch with WSHA
      iii. Brittany Weiner with WSHA
      iv. Jenica Sandall with WSHA
      v. Amanda McCleskey
      vi. Molly McClintock
      vii. Sherri Stratton
      viii. Gloria Brigham

II. Standing Agenda Items
   A. Announcements/Hot Topic/WABON Business Meeting Update
      i. Presentations/Webinars: Washington State Board of Nursing Conference and projected attendance announced.
   B. Review of Draft Minutes – August 6, 2024

i. Draft minutes reviewed and approved for the November 8 WABON business meeting. Draft minutes approved.

III. Old Business

A. Quality Improvement/CSPSC's Prioritization Work Update – Shana
Ms. Johnny provided a more in-depth presentation that provided background, goals, data collection and tools used to collect CSPSC requests. Ms. Meyer added, we are looking at our initial analysis of the tool results. We want to ask the right questions about the tool we've built based on the results we're getting. As Shana said, we want to ensure the subcommittee's priorities are moving forward with the BON's agenda.

IV. Ella presented the new business.

A. Support Letter request from Washington State Hospital Association (WSHA) WSHA to WABON for Distribution of Take-Home Naloxone for Post Partum Women – Jenica Sandall from WSHA introduced.

Jenica Sandall: Thank you for having us. I am joined here with my colleagues, Brittany, Weiner, and Nikki King. We're currently working with Naloxone for mental health issues, but we're deeply committed to continuing the long-term work for substance use.

We are collaborating in a pilot program with five Washington hospitals to increase Naloxone accessibility for post-partum women. We are seeking support from the board for Naloxone distribution as a harm reduction strategy under Washington's RCW 69.41.095. Currently, we give them a prescription to get Naloxone from the pharmacy; however, the fill rate is in the 1 to 2% range. We hope to get hospitals that want to do this as part of their inpatient work to be comfortable with the RCW supporting it. This will encourage hospitals to feel comfortable with the RCW supporting this initiative. A document enclosed in the CSPSC packet referencing the Louisiana Board of Nursing is an example support letter.

Alison asked Ms. Sandall to speak to the scope of practice barriers for hospital nurses.

Jenica: We attended WSHA, and they drafted a resolution concerning maternal mortality and substance use. We are also asking the Pharmacy Quality Commission for an FAQ addressing the pharmacy component.

Ella: Our advisory opinion on Naloxone only addresses nursing practice and says that anyone can administer and dispense Naloxone under the existing law addressing the statewide standing order.

Diana asked if there was a barrier to making the drug available for the nurses to discharge the patient?

Jenica: This is a significant barrier. We also face nurses who are not comfortable providing it from the inpatient setting. It's not typical for us to give someone medication that we're not administering.

Diana Meyer: One the hangups is the word dispensing. There's been this long history of conversation that only a pharmacist dispenses. The concern is, can we do this? I think we need a multi-pronged approach.

Alison Bradywood requested a shift in language away from the term's distribution or dispensing. The choice of words is important.

Seana Reichold asked if we could clarify the language used in the RCW regarding prescribing, dispensing, distributing, and delivering.

Alison Bradywood asked whether there is an order from a provider for the pharmacy to fill, and then for the nurse to dispense? Or are you referring to a standing order that is activated when specific criteria in the patient's history or clinical condition are met?

Jenica Sandall commented that it's like a flu shot. The nurses do the screening and if it's triggered, the standing order is ready to go.

Seana Reichold asks if they operate off the statewide standing order? Or is it facility based?

Seana Reichold suggests that we accept this proposal and explore potential solutions. We already have an advisory opinion, and we are currently assessing whether to add a completely new advisory opinion, or if another option would be more appropriate.

Deborah Carlson mentioned with COVID-19, the board issued a letter confirming available options. We could discuss proposed suggestions. We could also consider working on other suggestions, like FAQs and language in the existing advisory opinion, or at least provide support for it.

Alison Bradywood suggested we consider working with pharmacy and medicine to see if a joint statement would be possible.

Jenica Sandall: We're happy to partner on this work.

Ella Guilford responded and thanked everyone for bringing us that information. The committee will come back and let us know after reevaluating the advisory opinion that we already have. Okay?

B. LPN Apprenticeship Update – Marlin

Marlin Galiano updated on the LPN Apprenticeship pilot, which mandates the BON to work with L&I and the Workforce Training Board to develop a registered apprenticeship. The pilot, developed over two- and one-half years, aims to address long-term care nursing shortages. It involves a part-time program at Edmonds College, providing clinical and didactic education and requiring 150 clinical rotation hours at a long-term care facility and 2,000 work hours of on-the-job training.

V. Public Comment – This time allows for members of the public to present comments to the subcommittee. For issues regarding disciplinary cases, call 360- 236-4713.

Quiana: I just wanted to say I fully support the use of Narcan for postpartum women. I had a C-section and was given a low dose of oxycodone and had a reaction to it. I needed two doses of Narcan to recover.

VI. Ending Items

A. Ella presented Review of Actions

B. Meeting Evaluation

C. Date of Next Meeting – October 1, 2024

VII. Adjournment

AO XX.XX Informed Consent
Adopted: TBD
Reviewed/Revised:
Rescinded:
NursingPractice@doh.wa.gov
ARNPPractice@doh.wa.gov Telephone: 360 236-4703

Advisory Opinion: Informed Consent

Purpose

This advisory opinion provides general guidance and scope of practice about the roles and responsibilities of the registered nurse (RN) and licensed practical nurse (LPN) in the process of obtaining informed consent.

Background

The Washington State Board of Nursing (WABON) receives questions regarding the role of the nurse in the process of obtaining informed consent. In general, informed consent practices may have undefined parameters dependent on institutional policy and procedures. There are important characteristics about consent:

- Informed – Sufficient information about the care should be provided to the patient. This includes the risks, consequences of refusing care, and possible alternatives to the care before obtaining consent.
- Voluntary – Consent should be obtained without coercion, threat, and the patient should not be under the influence of any impairing substance.
- The person must understand, and have the capacity to understand, the information provided.

Multiple approaches may be used to obtain informed consent. Consent is an on-going process. Consent may be implied or explicitly communicated verbally, nonverbally, or in electronic or written form. Although documentation is not consent itself, documented information about the consent process and how consent was obtained can potentially help mitigate risks and complaints if any misunderstandings arise.

Guidance on Informed Consent Requirements for Healthcare Professionals

The following provide guidance on informed consent:

- The Joint Commission requires documentation of all elements of informed consent: Quick Safety 21: Informed Consent: More than Getting a Signature.
- The Massachusetts Board of Nursing: Cosmetic and Dermatologic Procedures requires the nurse performing cosmetic procedures to review and verify informed consent that clearly informs the patient of the operator's qualification, licensure, and expected outcomes of the procedure.
- Informed Consent and Shared Decision Making – Washington Medical Commission provides guidance for physicians and physicians assistants.

Laws and Rules

The nursing laws and rules do not specifically address informed consent. However, Chapter 7.70 RCW addresses informed consent. RCW 7.70.020 defines health care provider broadly, including an advanced registered nurse practitioner (ARNP) and nurse (not specific to RN or LPN). RCW 7.70.060 outlines the requirements for written informed consent.

WAC 246-919-605 defines the requirements for physicians and physician assistants in obtaining informed consent when using laser, light, radiofrequency, and plasma devices as applied to the skin. WAC 246-919-606 defines the requirements for physicians and physician assistants in obtaining informed consent for nonmedical cosmetic procedures.

Facility specific laws and rules address patient rights, organizational ethics, and informed consent. Examples include Ambulatory Surgical Centers (246-330 WAC), Hospitals (WAC 246-320-141), and Skilled Nursing Facilities (WAC 388-97-026), RCW 69.77.050 addresses informed consent for treatment with investigational drugs, biologicals, and devices. The Health and Human Services (HHS) Common Federal Rules require informed consent to protect human subjects in research activities.

The Patient Self Determination Act (PSDA) of 1990 requires hospitals, skilled nursing facilities, home health agencies, hospice programs, and health maintenance organizations to inform patient of their rights under State law to make decisions concerning their medical care. The purpose is to ensure that a patient's right to self-determination in health care decisions be communicated and protected.

Tribal health operations involve specific policies, which can align with or diverge from Federal guidelines.

Statement of Scope

The Washington State Board of Nursing recommends nurses use the Nursing Scope of Practice Decision Tree to determine if an activity is within their individual scope based on legal parameters, competencies, organizational policy, and other factors. Multiple approaches may be used to obtain informed consent. Informed consent is based upon the ethical principle of autonomy. This principle provides individuals with the right to make free, uncoerced, and informed decisions. Informed consent can be oral or written and should be documented.

In most situations, the nurse is not functioning in the primary role of performing a particular procedure. It may be appropriate for the nurse to obtain written informed consent when the nurse will be performing the procedure. Examples may include (but not limited to) peripherally inserted central catheter (PICC) line insertion, aesthetics procedures, blood transfusions, immunization administration, high-risk medication administration (e.g., chemotherapy), and research or clinical trials.

The nurse may act as witness and provide educational aspects of the consent process. The witness must be impartial. A signature of the witness means:

- The requirements for informed consent have been satisfied.
- Consent is voluntary and freely given by the patient.
- The witness signature indicates that the patient is the person who signed the informed consent document. The RN or LPN does not need to be present when the person performing the procedure provides the information required for informed consent.

Principles

1. Nurses recognize, respect, and promote individual decision maker's or substitute decision maker's right to be informed and to make decisions about care, including their right to give, refuse, or revoke consent.

2. If necessary, nurses identify the person who is authorized and able to make health care decisions on the patient's behalf.
3. Nurses are knowledgeable about and follow the requirements of legislation that relate to consent, within their practice.
4. Nurses obtain or verify consent before providing care.
5. Nurses are responsible for obtaining informed consent from the individual before providing care or issuing an order and for documenting that consent in the patient's record.
6. Nurses who participate in the delivery of care proposed or provided by other health professionals:
    a. Assist the Individual to understand the information provided by others.
    b. Act when there are concerns about informed consent.
7. Nurses assess the individual's capacity to give, reuse or revoke consent. Individuals are seen as capable unless there is evidence that shows the patient is not.
8. Nurses inform the patient about any care before it is provided, even if a patient has been deemed incapable of consenting.
9. Nurses provide information to patients and substitute decisions makers appropriate to their needs, skills, and abilities to enable them to make informed decisions about care. This includes the use of qualified interpreters or translations, as appropriate. Nurses give patients and substitute decision makers an opportunity to ask questions and receive answers.
10. Nurses are aware that the ability of patients to make decisions about giving, refusing, or revoking consent may vary. Nurses facilitate the patient's decision making when the patient is able and reevaluate the patient's ability to consent on an ongoing basis.
11. Nurses identify and, when possible, take action to address barriers affecting a patient's ability to consent to care.
12. Nurses respect both the right of patients to seek further information or other opinions, and to involve others in the decision making and consent process.

Applying Principals to Practice

1. It is not appropriate for the nurse to take responsibility for obtaining consent for care, treatment, or services outside of their scope of practice.

2. The nurse should be aware of the roles and responsibilities of substitute decision-makers, representatives, and advanced directives.
3. The nurse should understand organizational policies and procedures about the informed consent processes. The nurse should direct issues or questions to the organization or seek legal advice.
4. Consent may be given verbally, in writing or through alternative communication systems (e.g., computer-assisted). The nurse should ensure the patient or substitute decision-maker has the information needed to make informed consent.
5. Consent can be implied through the behavior of the patient. (e.g., cooperating with the nurse's actions. However, the nurse should also have a reasonable belief that the patient is consenting.
6. In circumstances when the patient's right to consent has been taken away (e.g., for patients that do not have capacity to make health care decisions) the patient has the right to know what care is being provided.
7. The nurse should understand the legal requirements regarding whether a minor can provide valid consent.
8. Effective communication helps ensure a patient's health care decisions are understood, expressed and respected by everyone involved.

Requirements and Recommendations

When delivering routine nursing care, the nurse needs to provide information, support, and guidance while considering any emergency or individual circumstances. Consent may be implied or explicitly communicated verbally, nonverbally, or in electronic or written form. Nurses should document these interactions in their charting. A blanket consent statement does not cover every instance of independent nursing care or implementation of medical orders and prescriptions based on standards of care and sound clinical judgment.

General Requirements for Written Informed Consent

- Written policy and procedure specific to informed consent.
- Order for the procedure is obtained.
- When the role, intervention, or activity, is permitted to be performed by the RN, documentation of completion of the training and competency must be available.

Documentation Requirements for Written Informed Consent

Written informed consent must be documented in a form, progress note, or elsewhere in the medical record, including the following elements:

1. Nature of the procedure.
2. Risks and benefits of the procedure.
3. Reasonable alternatives.
4. Risks and benefits of alternatives.
5. Assessment of the patient's understanding of the above elements.

References and Resources

Practicing Nurses Website – Washington State Board of Nursing

RCW 18.79 Nursing Care

WAC 246-840 Practical and Registered Nursing

WAC 246-919-605 Use of Light, Laser, Radiofrequency, and Plasma Devices Applied to the Skin

WAC 246-919-606 Nonsurgical Medical Procedures

WAC 246-330 Patient Rights and Organizational Ethics – Ambulatory Surgical Facilities

WAC 246-320-141 Patient Rights and Organizational Ethics – Hospitals

WAC 388-97-0260 Informed Consent – Skilled Nursing Facilities

RCW 69.77 Investigational Drugs, Biological Products, and Devices

Patient Rights Guidelines – Washington State Department of Health

Informed Consent and Shared Decision Making – Washington Medical Commission

Arizona Board of Nursing Advisory Opinion

Massachusetts Board of Nursing: Cosmetic and Dermatologic Procedures

Washington Health Law Manual – WSSHA

Chapter 1 – Consent to Healthcare: Special Consent Rules

Chapter 2 – Consent to Healthcare: Decision Making for Incompetent Patients

What You Need to Know About Obtaining Informed Consent – Oncology Nurses Society

Informed Consent for Nursing Care – American Nurses Association (ANA) Ethics Board

What Does the Evolution from Informed Consent to Shared Decision Making Teach Us About Authority in Health Care? Journal of Ethics – American Medical Association (AMA)

Injectable Aesthetic Therapies – College of Registered Nurses of Alberta (CRNA)

Patient Self Determination Act (PSDA) – Library of Congress

Common Federal Rules: Protection of Human Subjects in Research – Health and Human Services (HHS)

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CAQ:
Adopted:
Reviewed/Revised:
Rescinded:
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Frequently Asked Questions (FAQ)

Category: Prevention and Treatment of Opioid Related Overdoses

Title: Nurses Dispensing and Distributing Opioid Overdose Reversal Medication (OORM)

Is the Washington State Board of Nursing (WABON) supportive of allowing the licensed practical nurse (LPN) and the registered nurse (RN) to dispense and distribute opioid overdose reversal medication (OORM) to high-risk patients in hospital settings following directions of an authorized health care practitioner?

Yes. The WABON strongly supports allowing the RN and LPN to dispense and distribute OORM to high-risk patients in hospital settings following orders from an authorized health care practitioner. Orders may be done following a patient-specific order, a facility standing order, or the Statewide Standing Order to Dispense Naloxone. The WABON recommends the nurse use the Scope of Practice Decision Tree to determine if specific activities are within the nurse's individual scope of practice based on legal parameters, competencies, facility policy, and other factors. For more information, see the WABON's Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion and the Washington State Department of Health Overdose Education and Naloxone Distribution Website.

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AO: Radiology/Imaging Procedures RN
Adopted: Click or tap to enter a date.
Reviewed/Revised: Click or tap here to enter text.
Rescinded: Click or tap to enter a date.
NursingPractice@doh.wa.gov
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Radiology/Imaging Procedures Advisory Opinion Request – Additional Information

Radiology nurses influence care in a variety of settings, including academic medical centers, community hospitals, outpatient imaging centers, and freestanding radiology clinics. Radiology is a dynamic environment that allows nurses to work in different modalities and sub-specialties such as ultrasound, magnetic resonance imaging (MRI), computed tomography (CT), interventional radiology, neuro-interventional radiology, and radiology-oncology.

Radiology nurses have a broad skill set and care for patients across the lifespan at various acuity levels. In one encounter, they may administer a glucagon injection for an MRI patient, in the next respond to an emergency contrast media reaction, and later take part in a high-risk interventional procedure by transfusing blood in a patient with significant bleeding. Radiology nurses are specialized registered nurses (RNs) whose primary responsibilities include patient assessment, preparation, monitoring, and post-procedure care. They work closely with radiologists, technologists, and other healthcare professionals to ensure that imaging procedures are carried out safely and effectively.

The Washington state laws and rules do not specifically address or prohibit the RN and LPN from performing radiology procedures. The nursing laws and rules are broad to allow nurses to practice up to their full scope. The Washington State Board of Nursing recommends the nurse use the Scope of Practice Decision Tree to determine if this is within the nurse's scope based on legal parameters, competencies, facility policies, and other factors. Common activities that a nurse provides are patient education, medication administration (including legend drugs/controlled substances Schedule II-V, analgesia and moderate sedation), monitoring,

Nurses working in the specialty area of radiology require additional education and training. While the Washington nursing laws and rules do not require certification in a specialty area but do require that the nurse is trained and competent to perform any activity. Examples of formal certification and training include the following:

- The Radiologic Nursing Certification Board (RNCB) provides certification as a Certified Radiology Nurse (CRN®). They do not provide certification for licensed practical nurses (LPNs). Information on certification of LPNs and radiology procedures was not found.
- Postgraduate Medical Imaging Nursing Curriculum: Development and Indications for Nursing Practice - ScienceDirect

The Association for Radiologic and Imaging Nursing (ARIN) provides several Practice Guidelines and Position Statements and other resources/guidance. In 2015, the ARIN published the "Association for Radiologic and Imaging Nursing, Radiologic Nursing Certification Board, and Radiologic Nursing Certification Task Force Position Paper: The Value of Certification in Radiologic Nursing." https://www.arinursing.org/ARIN/assets/File/public/certification/certification.pdf

Much of the literature supports RNs assisting with interventional procedures, such as supporting angiography, biopsies, and catheter placements in interventional radiology. Many states do not allow the RN to perform radiological procedures or there are limitations.

Association for Radiologic and Imaging Nursing Position Statement – The Registered Nurse in the Imaging Setting

Guidelines for Certification and Recertification – Certified Radiology Nurse (CRN) Radiologic Certified Nursing Board (RCNB)

Use of C-Arm Fluoroscopy by Nurses for Placement of PICC Lines - ScienceDirect

Governor Executive Director Arizona State Board of Nursing

VA Directive-Fluoroscopy

Fluoroscopy is often prohibited by other state nursing boards, including prohibiting an advanced registered nurse practitioner (ARNP) from performing fluoroscopic procedures. Some states do allow the ARNP to perform this activity.

Fluoroscopy Scope Expansion | American College of Radiology

Fluoroscopy Education Requirements Present Practice Barrier: A Collaborative Solution - The Journal for Nurse Practitioners

NursingPractice@doh.wa.gov
ARNPPractice@doh.wa.gov Telephone: 360 236-4703

Fluoroscopy - ND Board of Nursing - ndbon.org

Unfortunately, the standards of practice for nurses in radiology imaging is limited. The American Nurses Association does have a American Nurses Association Radiologic Imaging Nursing and Scope of Practice requires purchasing the book.

DOH filed a CR-102 Notice of Proposed Rulemaking creating five new sections of rule: WACs 246-945-710 Scope and Applicability, 246-945-712

View this as a web page

Medication Assistance (CR-102 filing) and Public Comment Period

The Washington Department of Health (department) and the Pharmacy Quality Assurance Commission (commission) jointly filed a CR-102 Notice of Proposed Rulemaking creating five new sections of rule: WACs 246-945-710 Scope and Applicability, 246-945-712 Definitions, 246-945-714 Medication Assistance by Nonpractitioners, 246-945-716 Self-administration in Licensed Assisted Living Facilities, and 246-945-718 Medication Assistance - Restrictions. The CR-102 was filed on **October 22, 2024** under **WSR 24-21-154**.

The proposed rules would establish standards for the practice of medication assistance, describing definitions, actions, and restrictions pertaining to the provision of medication assistance in accordance with chapter 69.41 RCW. The CR-102 form and the rule language may be viewed at the following link:

- CR-102 Proposed Rule Making – Medication Assistance

A public hearing for this proposed rulemaking will be held on **December 12, 2024 at 9:30 a.m. at the Department of Labor & Industries Building, 7273 Linderson Way SW, Tumwater, WA 98501 and via Zoom** (Webinar ID 871 4349 5001).

Written comments on the proposed rule may be submitted on the department rules comment page or sent to Joshua Munroe, Rules and Legislative Consultant, at PharmacyRules@doh.wa.gov. There will also be an opportunity to deliver oral comments during the public hearing. We will continue accepting written comments until **11:59 p.m. on November 25, 2024.**

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