



**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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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  
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

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- 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.

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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.**

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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