WASHINGTON STATE BOARD OF NURSING (WABON)

Consistent Standards of Practice Subcommittee (CSPSC)
April 1, 2025, 12:00 p.m. to 1:00 p.m.

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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 Members:	Shana Johnny, DNP, RN, Nursing Practice Consultant
	Margaret Holm, JD, RN, Nursing Practice Consultant, Ad Hoc
	Marlin Galiano, MN, RN, Nursing Practice Consultant, Ad Hoc
	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.

Language and Accessibility:
If you plan to attend and need language or accessibility services, WABON can arrange help. Please contact us at least one week before the meeting, but no later than January 23, 2025.
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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.
All minutes and recordings are public records. They are available on request from the Department of Health (DOH) at Public Records | WA DOH.

WASHINGTON STATE BOARD OF NURSING (WABON)
Consistent Standards of Practice Subcommittee (CSPSC)
April 1, 2025, 12:00 p.m. to 1:00 p.m.

I. 12:00 PM Opening – Heleena Hufnagel, Acting Chair

- **A.** Call to Order – Heleena Hufnagel
- **B.** Public Disclosure Statement – Heleena Hufnagel
- **C.** Introductions of Members, Staff, and Public – Heleena Hufnagel /Shana Johnny

II. Standing Agenda Items

- **A. Announcements/Hot Topic/WABON Business Meeting Update**
  1. **Legislative Updates – Quiana Daniels**
  2. **Proposed CSPSC Meeting Schedule – ACTION**
- **B. Review of Draft Minutes – February 4, 2024 – ACTION**

III. Old Business

- **A. Cosmetic/Aesthetic Advisory Opinion Revision Update – Debbie Carlson**
- **B. School Delegation Advisory Opinion and FAQ Revision Update – Shana Johnny**
- **C. Prevention and Treatment of Opioid Overdose Medication (OORM) Advisory Opinion Revision Update – Debbie Carlson**
- **D. Telehealth Advisory Opinion Request to Rescind – Shana Johnny DISCUSSION/ACTION**

  Situation: New laws in Chapter 18.134 RCW: Uniform Telehealth Act regarding Telehealth including allowing out-of-state practitioners to provide care in Washington State without Washington State Licensing or multi-state licensing.
  Background: The new law addresses several broad overlapping questions with the Telehealth Advisory Opinion making it confusing.
  Assessment: Staff met with the Executive Director and legal consultants, revealing overlapping questions with the existing Telehealth Advisory Opinion.
  Recommendation: The recommendation is to rescind the advisory opinion and focus on creating FAQs.

- **E. Radiology Advisory Opinion Request Rescind – Debbie Carlson DISCUSSION/ACTION**

  Situation: The Practice Director submitted a request to develop an Advisory Opinion regarding radiologic procedures because of the significant increase in inquiries regarding diagnostic, interventional, and therapeutic procedures. However, the Practice Director rescinds the request to develop an advisory opinion due to the complexities discussed at the last CSPSC meeting.

Background: Radiology nursing is a specialized area where nurses work in various settings and modalities including diagnostic, interventional, and therapeutic procedures.
Assessment: The Advisory Opinion may not effectively clarify the complexity of the nursing roles in radiology. A legal review notes that RCW 18.84.030 requires radiologic technology registration unless the individual is a licensed practitioner (RCW 18.84.020(5)). This confirms that nurses can perform radiologic services under the direction of an authorized practitioner per RCW 18.79.110(1).
Recommendation: Focus on developing FAQs to define nursing scope of practice in performing diagnostic, interventional and therapeutic radiology procedures.

IV. New Business

A. Advisory Opinion Procedure Draft – Debbie Carlson DISCUSSION/ACTION

Situation: The WABON Executive Director directed staff to align the procedure in developing an advisory opinion with the rule writing process.
Background: Routine review and revision of WABON's Advisory Opinion Procedure.
Assessment: While the current procedure includes most of the processes, the rule writing process, there are a few steps that can be added to improve the processes to be consistent with the rule writing process.
Recommendation: Submit the Advisory Opinion Procedure draft to the WABON for approval.

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 – TBD**

VII. Adjournment

April 1, 2025

Subcommittee Packet: Proposed Meeting Dates

Background: To facilitate planning and coordination for future subcommittee activities, it is essential to establish potential meeting dates. This will ensure that all members are aware of the proposed timelines and can plan accordingly.

Proposed Meeting Dates:

1. July 15, 2025
2. October 14, 2025
3. January 20, 2026

Action Items: - Review the proposed dates. - Confirm availability by **April 4, 2025**. - Suggest any alternative dates if necessary. Please keep in mind any conflicts with other scheduled events or holidays that may affect attendance. Your feedback is important for finalizing the meeting schedule.

WASHINGTON STATE BOARD OF NURSING (WABON)

Consistent Standards of Practice Subcommittee (CSPSC)
February 4, 2025 Minutes
12:00 p.m. to 1:00 p.m.
This was a virtual meeting. For a copy of the recording, please visit the Washington State Department of Health Public Records Website

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
Subcommittee Members Absent:	
Staff Members:	Shana Johnny, DNP, RN, Nursing Practice Consultant Margaret Holm, JD, RN, Nursing Practice Consultant, Ad Hoc Marlin Galiano, MN, RN, Nursing Practice Consultant, Ad Hoc Seana Reichold, Staff Attorney Luis Cisneros, Staff Attorney, Ad Hoc Dennis Gunnarson, Administrative Assistant Deborah Carlson, MSN, RN, Nursing Practice Director
Staff Members Absent:	Margaret Holm, JD, RN, Ad Hoc

I. Opening

A. Ella Guilford called the meeting to order at 12:00 p.m. The Public Disclosure Statement was read for the meeting attendees. The Consistent Standards of Practice Subcommittee (CSPSC) members and support staff were introduced. Public attendees were provided with an opportunity to introduce themselves.

II. Standing Agenda Items

A. Announcements/Hot Topic/WABON Business Meeting Updates: The following announcements were made:
   1. Medical Assistance Rules Hearing – Pharmacy Quality Assurance Commission held a hearing and approved the CR103.
   2. Strategic Plan Update/Performance Measures Update.

3. Discussion about the request to change to quarterly subcommittee meetings will be held at our April meeting with a proposed schedule.

B. Legislative Updates
   1. Quiana Daniels provided a bill update from the Legislative Panel meetings.

C. Review of Draft Minutes – December 3, 2024:
   1. The subcommittee reviewed draft minutes and reached consensus to take these to the board for approval.

III. Old Business

A. Informed Consent Advisory Opinion (AO) Development Update – The WABON approved rescinding the development of an advisory opinion on informed Consent at the January 10, 2025, business meeting with the direction to continue to develop FAQs in informed consent and review/revision of the current Cosmetic/Aesthetic Dermatologic Procedures Advisory Opinion.

B. Opioid Overdose Reversal Medications (OORM) Update – The WABON approved the OORM FAQ at the January 10, 2025 business meeting per the request of the Washington State Hospital at the Association with the direction to develop a joint statement with the Pharmacy Quality Assurance Commission and revision of the current Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion.

C. Quality Improvement/CSPSC Prioritization Work Update – Shana Johnny reviewed the status and next steps for a workgroup to validate tool.

IV. New Business

A. Radiology Procedures Scope of Practice Advisory Opinion Request – Debbie Carlson noted the increase in inquiries, prompting a request for an Advisory Opinion. Ed Kim, representing the Washington State Radiologic Society, pointed out that most survey respondents indicated nurses do not conduct radiologic procedures, as these are outside their scope of practice. Concerns related whether the current law allows nurses to perform radiologic procedures and direction to staff to consult with legal to clarify. The CSPSC proposed a focused request regarding the nurses' scope of practice, specifically addressing their role and limitations in interventional radiology. However, members requested additional time to discuss topic before submitting the request to WABON.

B. Telehealth Advisory Opinion and FAQs Drafts – Shana mentioned this topic is on the agenda for discussion to gather feedback and we will pause any revisions to the

current Nursing Telehealth Practice: Registered Nurse, Licensed Practical Nurse, Nursing Technician, and Nursing Assistant Advisory Opinion. Staff met with our Executive Director and legal consultants who expressed that the new laws address several overlapping questions with the Telehealth Advisory Opinion making it confusing. They recommend requesting WABON rescind the advisory opinion and focus on FAQs for specific issues. CSPSC members suggested using straightforward statements with branching logic in FAQs for better comprehension.

Public Comment

C. Guests shared appreciation in hearing all the comments shared. The Washington State Radiological Society representative stated that his membership found RNs played a role in patient care but not in imaging itself.
D. The Washington State Hospital Association shared information on **RCW 18.84.030** provides provisions that only Radiology Technologists perform procedures.

V. Ending Items

A. Review of Actions
   1. CSPSC Minutes Draft – Send to WABON for approval
   2. Continue FAQs on Informed Consent
   3. Radiology Advisory Opinion Request – Continue to research and discuss at next Meeting.
   4. 25.01 Telehealth Advisory Opinion will be returned to the next subcommittee meeting.
   5. Date of Next Meeting – April 1, 2025

VI. Adjournment at 1:02pm

Department of Health
Nursing Care Quality Assurance Commission

Advisory Opinion

The Nursing Care Quality Assurance Commission (NCQAC) issues this advisory opinion in accordance with WAC 246-840. An advisory opinion adopted by the NCQAC is an official opinion about safe nursing practice. The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may restrict practice further in their setting and/or require additional expectations to assure the safety of their patient and//or decrease risk.

Title:	Cosmetic/Aesthetic Dermatologic Procedures	*Number:* NCAO 27.00
References:	RCW 18.79 Nursing Care WAC 246-840 Practical and Registered Nursing WAC 246-919-606 Non-Surgical Medical Procedures WAC 246-919-605 Use of Laser, Light, Radiofrequency, and Plasma Devices as Applied to the Skin Administration of Sedating, Analgesic, and Anesthetic Agents (PDF) Registered Nurse and Licensed Practical Nurse Scope of Practice (PDF) Standing Orders and Verbal Orders (PDF)	
Contact:	Deborah Carlson, MSN, BSEd, PMC, CPM, RN Director of Nursing Practice	
Phone:	360 236-4703	
Email:	NursingPractice@doh.wa.gov or ARNPPractice@doh.wa.gov	
Effective Date:	May 14, 2021	
Supersedes:		
Approved By:	Nursing Care Quality Assurance Commission (NCQAC)	

Conclusion Statement

The nursing laws and rules allow the appropriately prepared and competent registered nurse (RN) or licensed practical nurse (LPN) to perform cosmetic/aesthetic dermatological procedures within the legal parameters, competencies, and practice standards of the nurse's license. The nurse may carry out medical regimens under the direction of an authorized health care practitioner (advanced registered nurse practitioner, physician and surgeon, physician assistant, osteopathic physician assistant, dentist, naturopathic physician, podiatric physician and surgeon, optometrist, or midwife) within their scope of practice. The nurse should use the Scope of Practice Decision Tree to determine if these activities are within the nurse's legal and individual scope of practice.

Background and Analysis

The Nursing Care Quality Assurance Commission (NCQAC) is frequently asked questions about nursing scope of practice and cosmetic/aesthetic dermatologic procedures. Related questions include whether the nurse can work in a medical spa, own a business, or contract with an authorized health care practitioner that performs cosmetic/aesthetic dermatologic procedures.

RCW 18.79.040 allows the RN to:

- Perform acts requiring substantial specialized knowledge, judgment, and skill based on biological, physiological, behavioral, and sociological sciences, including (but not limited to):
    - Observation, assessment, diagnosis, care or counsel, and health teaching with illnesses, injuries, disabilities, or in health promotion and preventive activities.
- Execute a medical regimen within the nurse's scope of practice as directed by an authorized health care practitioner. The authorized health practitioner does not need to be physically present.

RCW 18.79.060 and RCW 18.79.270 allow the LPN to:

- Perform acts that require the knowledge, skill, and judgment necessary to carry out selected aspects of nursing care under the direction of an authorized health care practitioner or under the direction and supervision of the RN including administering drugs/medications, and treatments including those that require piercing of the tissues and independent judgment that are within the nurse's scope of practice. The authorized health care practitioner or the RN does not need to be physically present.

The nursing laws and rules do not require a specific training course or certification. The institution or facility may require a specific training course or certification. The commission does not have authority regarding reimbursement, business requirements, or facility requirements.

Recommendations

The NCQAC recognizes that aesthetic/cosmetic and dermatological services refer to a broad range of procedures including personal care procedures and health maintenance/health promotion regimens incorporated into the patient's nursing care plan. Examples include promotion of skin integrity, promotion of self-image/esteem, hygiene, and patient education. The nurse may also perform aesthetic/cosmetic and dermatological procedures as part of a medically prescribed plan of care for treatment of dermatological conditions. The nurse must be competent. Specialty certification is one way to demonstrate competency.

- The nurse must know and comply with relevant state and federal laws and rules regarding using, selling, storing, prescribing, and supplying legend drugs and controlled substances.
- The nurse must comply with national safety standards, infection control standards, and professional recommended practice.
- The nurse must document appropriate education, competency and/or certification that represent a core of knowledge and skill needed to perform safe and effective care of patients receiving cosmetic/dermatologic services.

- The nurse must incorporate the nursing process into the care provided.
- The nurse must seek appropriate medical support when events occur that require interventions outside of the scope of the nurse.
- The nurse is expected to engage in ongoing professional development activities designed to maintain and increase their levels of knowledge and skill associated with the use of cosmetic/dermatologic services provided.
- The nurse should work in collaboration with appropriate health care practitioners to develop written policies, procedures, practice guidelines, and standing orders (if appropriate).
- The nurse must document the care provided.

Although RCW 18.79.040 allows the RN and LPN to carry out medical regimens without the directing practitioner being physically present, the NCQAC recommends the RN, LPN, and ARNP read, understand, and follow as appropriate the physician rules (WAC 246-919-606 and WAC 246-919-605) related to cosmetic/aesthetic procedures. The commission recommends consulting with their legal advisor(s) for advice on starting a medical spa or private practice.

Conclusion

Performing cosmetic/aesthetic dermatologic procedures may be within the scope of practice of an appropriately prepared and competent RN or LPN. The nurse must follow clinical care standards and legal requirements.

References

Dermatology Nurses Association: https://www.dnanurse.org/

International Society of Plastic and Aesthetic Nurses (ISPAN): https://ispan.org/position-statements.cgi

College and Association of Registered Nurses of Alberta (CARNA) Nursing Practice Information – Aesthetic Nursing: https://www.nurses.ab.ca/practice-and-learning/nursing-practice-information/aesthetic-nursing

Washington State Dermatology Association: https://washingtonderm.org/

North Dakota Board of Nursing Aesthetic-Cosmetic Procedures by Licensed Nurses: https://www.ndbon.org/RegulationsPractice/PracticeStatements/Aesthetic-Cosmetic.asp

Oregon Board of Nursing Interpretive Statement- The Nurse who Participates in Cosmetic Procedures: https://www.oregon.gov/osbn/Documents/IS_CosmeticProcedures.pdf

South Dakota Board of Nursing Dermatologic Procedures by Licensed Nurses: https://doh.sd.gov/boards/nursing/AdvisoryPracticeOpinions/RoleNurseDermatologicalProcedures.pdf

Advisory Opinion: RN Delegation in Schools, K-12, Public and Private
Adopted: TBD
Reviewed/Revised: 7-11-2014, 7-12-2019, 1-14-2022
Rescinded: Click to enter date rescinded.
RN, LPN, NT, and NA: Nursing Practice Inquiry
ARNP: ARNPPractice@doh.wa.gov Telephone: 360 236-4703

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advisory opinion does not address state or federal proclamations or rule waivers that temporarily change some regulatory requirements in emergency or disaster

Advisory Opinion: Registered Nurse Delegation in Public and Private Schools, Kindergarten-Twelve (K-12) Grades

Summary

The registered nurse (RN) may delegate certain nursing activities and tasks to non-credentialed, unlicensed assistive personnel (UAP), who are school employees, in public and private kindergarten through twelve (K-12) grade schools (RCW 18.79.260 and Chapter 28A.210). These laws provide specific legal exceptions to delegation limits under the Nurse Practice Act. It is not within the scope of practice for the licensed practical nurse (LPN) to delegate nursing tasks to UAP. The WABON recommends using the Nursing Delegation Decision Tree Tool (HOPEFULLY HAVE THIS ON THE WEB IN FORMS) to determine if it is within the scope of the RN to delegate a specific task in the school setting (Page 5). RCW 18.79.260 allows to delegate tasks of nursing care to other individuals where the registered nurse determines that it is in the best interest of the patient. The RN nurse must:

- Determine the competency of the individual to perform the task.
- Evaluate the appropriateness of the delegation.
- Supervise the actions of the person performing the delegated task.
- Delegate only those tasks that are within the RN's scope of practice.

Where law permits, appropriately designated, trained, and supervised unlicensed UAP can, using the principles of delegation, assist the school RN in meeting the health care needs of students in a safe and effective manner. The use of UAP for specific tasks is a decision the school RN makes on a case-by-case basis and is determined through the decision-making process that includes the components of nursing delegation. The RN and UAP are each accountable for their own individual actions in the delegation process.

Effective delegation begins with a thorough assessment of student needs and the skills and capabilities of the UAP. Nurse delegation is the process by which a registered nurse (RN) entrusts specific tasks to unlicensed assistive personnel (UAP) while retaining accountability for the outcome. It involves assessing patient needs, assigning appropriate tasks, and providing clear instructions and supervision.

Background

Advisory Opinion: RN Delegation in Schools, K-12, Public and Private
Adopted: TBD
Reviewed/Revised: 7-11-2014, 7-12-2019, 1-14-2022
Rescinded: Click to enter date rescinded.
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Students with acute or chronic health care conditions depend on help with nursing tasks during the school day. Students must have access to health care during school hours and at extra-curricular school-sponsored events to enable them to participate fully. Many state school districts do not have a full-time school RN. Providing nursing care and nursing delegation in schools is uniquely challenging since a school's primary mission is education, not health care. Schools are not a traditional health care setting where advanced emergency equipment and other licensed health care practitioners are readily available.

Nursing delegation is defined as, "The transfer of the performance of selected nursing tasks to competent individuals in selected situations." The nurse delegating the task is responsible and accountable for the nursing care of the patient. The nurse delegating the task supervises the performance of the unlicensed person. Nurses must follow the delegation process.

It is important to clarify that teaching/training and competency assessment is different than the delegation process. The term "training/teaching" and "delegation" are often used incorrectly. The delegation process requires teaching/training. Not all training/teaching and competency assessment processes require delegation.

In public and private K-12 schools, these tasks are sometimes performed by non-credentialed UAP, who are school employees, or by a parent-designated adult (PDA) for specific conditions according to the student's individual health plan (IHP) and/or emergency care (ECP).

The RN assigned to a student, or who has a student caseload, is responsible for the decision to delegate nursing care to UAP. The law provides protection from coercion or retaliation by others (such as administrators, teachers, parents, or other health care providers) if the nurse determines it is inappropriate to delegate a task.

The school RN may provide training for a PDA. The law does not permit the RN to delegate tasks to a PDA who is not also a school employee. The school RN is not responsible for the supervision of the PDA for those tasks authorized by the parent. RCW 28A.210.260.

Laws and Rules

RCW 18.79.260 allows to delegate tasks of nursing care to other individuals where the RN determines that it is in the best interest of the patient. The delegating nurse must:

- Determine the competency of the individual to perform the task.
- Evaluate the appropriateness of the delegation.
- Supervise the actions of the person performing the delegated task.
- Delegate only those tasks that are within the RN's scope of practice.

The RN and UAP are each accountable for their own individual actions in the delegation process. No person may coerce a registered nurse into compromising student safety by requiring the RN to delegate (RCW 18.79.260).

The RN is not allowed to delegate administration of medications, the piercing or severing of tissues, or acts that require nursing judgment **unless** specifically allowed by law (RCW 18.79.260 and WAC 246-840-940). Chapter 28A.210 RCW allows exceptions for the RN to delegate certain tasks to non-credentialed UAP in schools. This law applies only to kindergarten through twelve grades (K-12) of both public and private schools (Common School Provisions, Title 28A RCW. Chapter 28A.210 RCW) and does not apply to early childhood programs (child care facilities, preschools, head start programs, or early head start programs) licensed by the Department of Children, Youth, and Families (DCYF), state schools for the blind, deaf, or sensory handicapped (Chapter 72.40 RCW), or camp settings not under the jurisdiction of a K-12, public or private school. Chapter 28A.210 RCW.

The law requires an IHP and ECP for students with diabetes or seizure disorder. An ECP is required for students with anaphylaxis Chapter 28A.210 RCW. School law allows a PDA to perform specific tasks for:

- Students with diabetes (RCW 28A.210.330).
- Students with a seizure disorder. (RCW 28A.210.355)

Under the Common School Provisions, Title 28A. RCW, Chapter 28A.210 RCW, the RN may delegate some nursing tasks to unlicensed UAP in the school setting that would not be allowed under the nursing law. These include:

- The administration of legend drugs and non-prescriptive (over-the counter) medications given by specifics routes (topical medications, oral medications, eye drops, ear drops, and intranasal medications with a prescription from an authorized health care practitioner.
- The performance of non-sterile, intermittent bladder catheterization.

- The performance of other routine and non-complex nursing tasks that do not require puncturing of tissue, sterile procedures, or nursing judgment

Delegation Exceptions

Managing Anaphylaxis in Schools – Use of Stock Epinephrine

School RN may use school supply stock epinephrine to treat anaphylactic reactions (RCW 28A.210.383). Non-credentialed UAP working in K-12 schools, public and private schools may administer epinephrine to students with a prescription on file using the school's stock supply of epinephrine if the student's prescribed epinephrine is unavailable. For school supply stock epinephrine, trained personnel do not require delegation from the school RN. If a student does not have a prescription but shows signs of anaphylaxis, the school RN or LPN is the only individual authorized to administer epinephrine.

Opioid Overdose Reversal Medication (OORM)

School RNs and LPNs and non-credentialed UAP may administer prescriptive or non-prescriptive OORM to any student, staff member, visitor, or any other person as a bystander for a suspected opioid overdose using school stock OORM or using an individual's prescription without RN delegation. required. See the WABON's Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion for more information.

Telehealth Nursing

The nursing laws school laws do not prohibit the school RN from using telehealth modalities to initiate or provide ongoing evaluation, or supervision of delegated tasks to non-credentialed UAP. Telehealth may not be appropriate in some circumstances (RCW 18.79, WAC 246-840, RCW 18.88A, WAC 246-841).

Requirements and Recommendations

Nursing delegation, as historically constructed in the school setting, allows the school RN to supervise care to best assure patient safety. Nursing delegation may only be done if a student's condition is stable and predictable unless a legal exception for emergency care exists. It is expected that the school RN will develop the IHP and ECP and will communicate, collaborate, and coordinate care with the parents/guardians, health care practitioners, and PDAs as appropriate. Tasks requiring sterile techniques, puncturing of the skin (other than those allowed by exception), and those requiring nursing skill and judgment may not be delegated. The school RN must understand the delegation process and the principles of delegation.

Principles of Delegation

WABON adopts the following principles for school RNs from the National Council State Boards of Nursing and American Nurses Association Position Paper on the National Guidelines for Nursing Delegation. The RN:

- Takes responsibility and is accountability for providing nursing care.
- Directs the care and determines whether delegation is appropriate.
- Delegates specific tasks but not the nursing process.
- Uses nursing judgment concerning a student's condition, the competence of the UAP, and the degree of supervision required prior to delegation,
- Delegates only those tasks where the UAP has the knowledge, skill, and ability to perform the task safely (considering training, cultural competence, experience, regulations, and institutional policies and procedures).
- Communicates and verifies comprehension and acceptance of delegation and responsibility (consider a letter of intent to accept delegation based on law and school policy in instances where the task is not previously recognized in law).
- Provides opportunities for the UAP to ask questions and clarify expectations.
- Uses critical thinking and professional judgment when following the *Five Rights of Delegation* (National Council of State Boards of Nursing):
    - Right task – task is appropriate to be delegated
    - Right circumstances – appropriate setting and necessary resources
    - Right person – right task for the right student
    - Right directions and communication – clear, culturally appropriate and concise training of the tasks (objectives, limits, expectations and skills competency demonstration)
    - Right supervision and evaluation – appropriate monitoring, evaluation,

intervention, supervision, feedback, and documentation

- Should be involved in establishing systems to assess, monitor, verify, and communicate ongoing competency requirements in areas related to delegation.

Telehealth Nursing Services

The school RN or LPN may provide telehealth services to students within their legal scope of practice. The same standards and requirements for delegation apply regardless of whether the services are provided face-to-face or through telecommunication technology. Telehealth services may not always be available or appropriate for the specific student and/or situation. The RN must use nursing judgment and consider what aspects of the initial and ongoing assessment, evaluation, delegation, and supervision need to be done face-to-face. See WABON's Frequently Asked Questions Website for more guidance and requirements about telehealth nursing services.

WABON
WASHINGTON STATE
BOARD OF NURSING

Advisory Opinion: RN Delegation in Schools, K-12, Public and Private
Adopted: TBD
Reviewed/Revised: 7-11-2014, 7-12-2019, 1-14-2022
Rescinded: Click to enter date rescinded.
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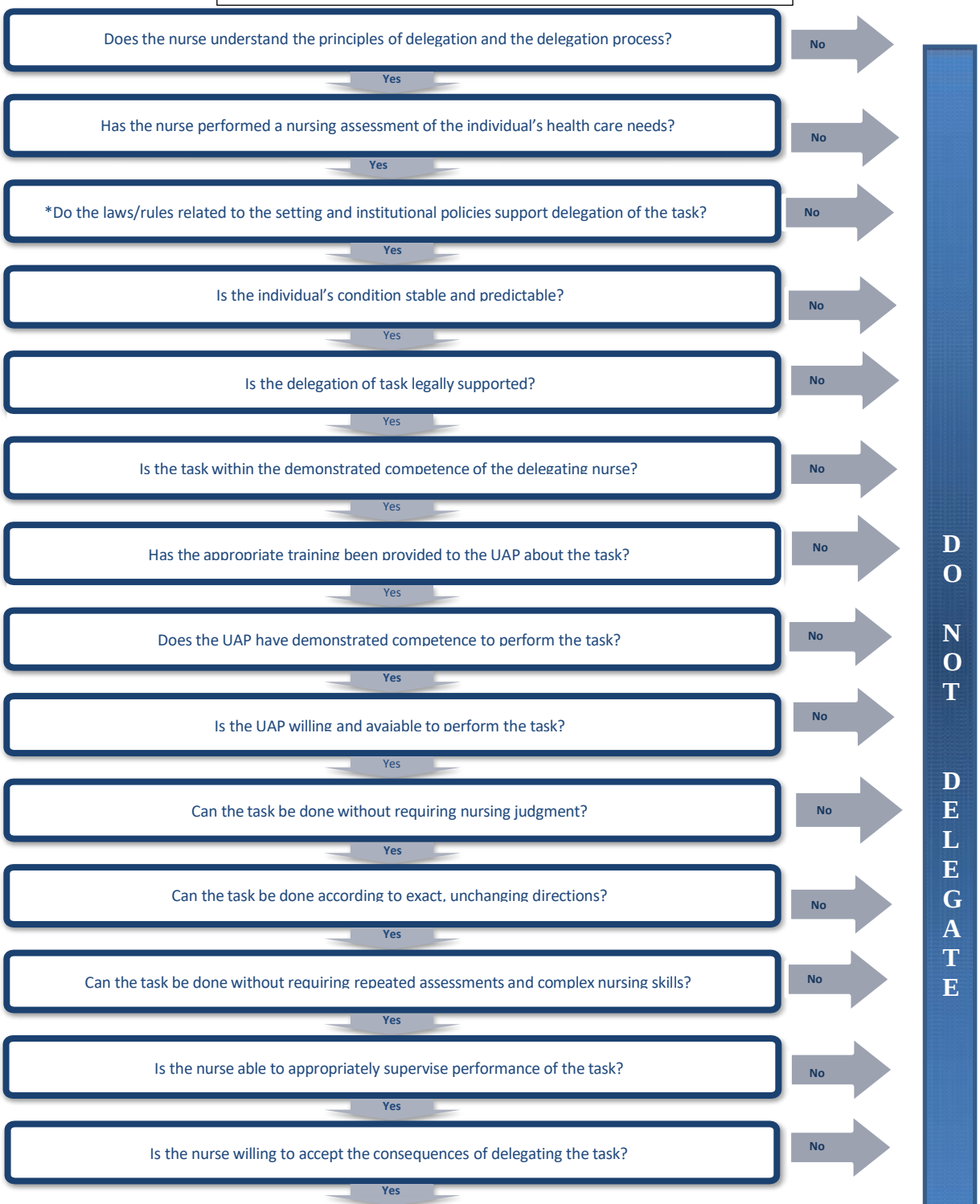
Registered Nurse Delegation Decision Tree



School Registered Nurse (RN) Delegation and Non-Credentialed Unlicensed Assistive Personnel (UAP) Responsibilities and Limitations

The chart summarizes the responsibilities and limitations of non-credentialed UAP and the school RN in the delegating process.

Activity	Non-Credentialed UAP	Registered Nurse
Vital Signs	Allowed with RN delegation	Follow the nursing delegation process
Personal Care	Allowed with RN delegation	Follow the nursing delegation process
Medication Administration	Allowed for topical, transdermal, buccal, sublingual, oral, intranasal, otic, ocular, and inhalational medications with RN delegation	Follow the nursing delegation process
Non-Sterile, Intermittent Bladder Catheterization	Allowed with RN delegation	Follow the nursing delegation process
Gastric Tube Care and Feedings	Allowed with RN delegation	Follow the nursing delegation process
Epinephrine Administration for Anaphylaxis	Allowed for stock supply if prescribed epinephrine is unavailable (no delegation needed)	Authorized to administer epinephrine if no student prescription exists – what about an LPN?
Opioid Overdose Reversal Medication (OORM)	Allowed to administer prescriptive or non-prescriptive (intranasal or injectable OORM without RN delegation	Delegation of intranasal or injectable OORM is not required – Not allowed to delegate injectable OORM, but may choose to delegate intranasal OORM for a high-risk student
Task Requiring Sterile Technique	Not allowed	Exclusively responsible Not allowed to delegate tasks that require sterile technique
Tasks Requiring Nursing Judgement	Not allowed	Exclusively responsible Not allowed to delegate any task that requires nursing judgement
Parent Designated Adult (PDA)	Performs specific tasks for diabetes or seizure care as a PDA (RN delegation not allowed)	May train the PDA but does not delegate to the PDA and is not responsible for supervision
Telehealth	May use telehealth to obtaining training, demonstrate competencies, and communicate with RN delegator	May use telehealth following the delegation process to initiate, train, evaluate, supervise, and communicate with UAP
Health Assessment and Evaluations	Not allowed – May collect information and monitor (using non-complex devices) but not allowed to perform health assessments and evaluations	Responsible for performing comprehensive health assessments and evaluations

Individual Health Care Plans (IHPs) and Emergency Care Plans (ECPs) Development	Not allowed	Responsible for developing IHPs and ECPs
Teaching/Training	May receive training from the school RN	Responsible for training and confirming competency following the delegation process
Emergency Response	Can perform tasks as per IHP/ECP oriented for student safety	Responsible for the assessment and decision-making in emergencies

Resources

WABON Support for Practicing Nurses

Delegation: National Association of School Nurses

Delegation: National Council of State Boards of Nursing

Joint Statement on Delegation: American Nurses Association and the National Council of State Boards of Nursing

Schofield, S.L. (2018). A qualitative case study on delegation of school nursing practice: school nurses, teachers, and paraprofessionals perspectives (rowan.edu)

Office of the Superintendent of Public Instruction: Health Services Resources

AO 8.02 Overdose Reversal Medications (OORM)
Adopted: TBD
Reviewed/Revised: November 13, 2015, March 12, 2021
Rescinded:
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ARNPPractice@doh.wa.gov Telephone: 360 236-4703

advisory opinion does not address state or federal proclamations or rule waivers that temporarily change some regulatory requirements in emergency or disaster situations.

Advisory Opinion: Opioid Overdose Reversal Medications

Summary

The registered nurse (RN), licensed practical nurse (LPN), nurse technician (NT), and nursing assistant/registered/nursing assistant-certified (NA-R/NA-C) may possess, store, deliver, distribute, or administer an opioid overdose reversal medication (OORM) in any setting under the direction of an authorized practitioner or following the Naloxone State-Wide Standing Order issued by the Washington State Department of Health Secretary (RCW 69.41.095: OORM). The RN, LPN, NT, and NA-R/NA-C) may self-carry prescriptive or non-prescriptive OORM and administer the medication to any person with a suspected opioid overdose.

The advanced registered nurse practitioner (ARNP), with prescriptive authority, may prescribe, dispense, distribute, and deliver OORM. The ARNP may enter into a Collaborative Drug Therapy Agreement (CDTA) with a pharmacist, allowing the pharmacist to prescribe OORM directly to the public.

Unlicensed Assistive Personnel (UAP) may dispense, administer, distribute, and deliver intranasal or injectable medications following an order from an authorized practitioner for a patient or following standing orders, without RN delegation in any setting. Although not required, the RN may delegate administration of intranasal OORM to a UAP following the delegation process to UAP in limited settings. These settings include Community-based settings (such as adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities), home settings, and Kindergarten through Twelve (K-12) grades, public and private schools. RN delegation of intranasal medication is only allowed in community-based settings, home settings, or K-12 settings. Licensed Practical Nurses(LPNs) are not allowed to delegate to UAP in any setting.

WABON recommends the nurse use the Nursing Scope of Practice Decision Tree to determine if an activity is within their individual scope of practice based on legal parameters, competencies (training, skills, knowledge, and experience), facility policies, practice standards, and other factors.

Background

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advisory opinion does not address state or federal proclamations or rule waivers that temporarily change some regulatory requirements in emergency or disaster situations.

The purpose of this advisory opinion is to provide information and guidance about the LPN, RN, ARNP, NT, and NA-R/NA-C scope of practice to store, dispense, administer, distribute, deliver, and delegate of OORM.

Opioid Antagonists Overview

Opioid antagonists, such as Naloxone and Opvee® (Nalmefene) are used to reverse opioid overdose. Naloxone is Food and Drug Administration (FDA) approved for intravenous, intramuscular, subcutaneous, and intranasal administration. routes. Evzio®(Naloxone) and Zimhi® (Naloxone) are pre-refilled autoinjectors for intramuscular or subcutaneous injection. New intranasal options include : Rezenopy® (Naloxone), Kloxxado® (Naloxone), and Narcan® (Naloxone). Opvee® (Nalmefene) is another type of prescriptive OORM administered intranasally. A non-prescription (over the counter) intranasal spray (Naloxone) is also available.

Legal Analysis

The law allows any person to lawfully possess, store, deliver, distribute, or administer an OORM with a prescription or order issued by an authorized practitioner. RCW 69.41.095 includes language providing protection from criminal or civil liability or disciplinary action. RCW 4.24.300 (commonly known as the "Good Samaritan" law) provides immunity from civil liability to anyone (including licensed health care providers) who provides emergency care, without compensation, unless there is gross negligence or misconduct. Pharmacies and other entities can dispense and deliver Naloxone products following a Naloxone State-Wide Standing Order. The Washington Statewide Standing Order to Dispense Naloxone currently does not include dispensing of Opvee® (Nalmefene). Individual facilities or organizations are allowed to issue a standing order approved by an authorized practitioner or staff to administer an OORM. A school district must obtain and maintain at least one set of OORM medication (RCW 28A.210.390).

Nursing Delegation

advisory opinion does not address state or federal proclamations or rule waivers that temporarily change some regulatory requirements in emergency or disaster situations.

Credentialed or non-credentialed UAP may administer intranasal or injectable Naloxone following an order from an authorized practitioner or following a standing order without RN delegation or supervision in any setting. However, the RN may choose to delegate intranasal OORM for a high-risk patient when developing the nursing care plan in settings where delegation of medication is allowed following the delegation process. It is not within the scope of the RN to delegate administration of an injectable OORM to UAP in any setting. It is not within the scope of the LPN to delegate tasks to UAP in any setting.

- *Registered Nurse Delegation in Community-Based and In-Home Care Settings:* RCW 18.79.260 permits RN delegation of an intranasal OORM to the NA-R/NA-C or HCA-C or individuals in in-home care and community-based settings (adult family homes, assisted living facilities, and community residential programs for people with developmentally disabilities). The law does not allow RN delegation to the NA-R/NA-C or HCA-C in community-based settings of OORM by injection. The RN may delegate administration of prescriptive or non-prescriptive (over the counter) intranasal OORM to the NA-R/NA-C or HCA-C (although not required). The NA-R/NA-C or HCA-C may administer an intranasal (prescriptive or non-prescriptive) or injectable OORM without delegation.
- *Registered Nurse Delegation in K-12 Grades, Public and Private Schools:* School staff may administer prescriptive intranasal or injectable OORM or administer a non-prescriptive (over the counter) OORM to a student without RN delegation. RCW 28A.210.390 and RCW 28A.210.395 define requirements for schools related to the prevention of opioid overdoses. RCW 28A.210.390 requires all school districts to obtain and maintain at least one set of OORM in each of its public schools. The school nurse, a health care professional, or trained staff person located at a health care clinic on public school property or under contract with the school district or designated trained school personnel may distribute or administer the school-owned OORM following a standing order. RCW 28A.210.260 allows the RN to delegate administration of a prescriptive or non-prescriptive (over the counter) intranasal OORM (although delegation is not required) but does not allow delegation of OORM by injection.

- *Registered Nurse Delegation in Other Settings:* The laws and rules do not allow RN delegation of medications in settings other than community-based settings, home settings, and K-12 grades public and private schools. Staff in any other setting may

advisory opinion does not address state or federal proclamations or rule waivers that temporarily change some regulatory requirements in emergency or disaster situations.

dispense, administer distribute, and deliver an intranasal or injectable prescription or non-prescription (over the counter) OORM to a patient or to an unknown person as a bystander.

Statement of Scope

The NT, NA-R, NA-C, LPN, RN, and ARNP must follow all relevant laws and rules. It is within the scope of practice of the RN, LPN, NT, and NA-R/NA-C to:

- Store, dispense, administer, distribute, and deliver prescriptive or non-prescriptive (over the counter) OORM under the direction of an authorized practitioner following the Naloxone State-Wide Standing Order or a standing order approved by an authorized practitioner to any person who may be present at an opioid-related overdose (e.g., individuals, law enforcement, emergency medical services, hospitals, long-term care services, correctional centers/jails, family members, nurses, or service providers) in any setting.
- Self-carry a prescriptive or non-prescriptive OORM and administer the medication to any person with a suspected opioid overdose.

It is within the scope of practice of the ARNP, with prescriptive authority to:

- Prescribe an OORM for anyone at risk for having or witnessing an opioid overdose.
- Prescribe off-label medication for use as OORM.
- Prescribe, dispense, distribute, and deliver an OORM directly to any person who may be present at an opioid-related overdose, such as individuals, law enforcement, emergency medical technicians, family members, nurses, or service providers.
- Enter into a Collaborative Drug Therapy Agreement (CDTA) with a pharmacist allowing the pharmacist to prescribe Naloxone directly to the public. The ARNP interested in entering into a CDTA with a pharmacist must submit the CDTA Application to the Pharmacy Commission | Washington State Department of Health for review and approval.

Recommendations

The Washington State Board of Nursing (WABON) supports overdose prevention and harm reduction efforts. The WABON encourages nurses and ARNPs to incorporate overdose

advisory opinion does not address state or federal proclamations or rule waivers that temporarily change some regulatory requirements in emergency or disaster situations.

prevention into their daily practice using the nursing process and care planning. Stopoverdose.Org provides education, resources, and technical assistance for individuals, professionals, and communities in Washington who want to learn how to prevent and respond to overdose and improve the health of people who use drugs. For more information, visit the Washington State Department of Health: Overdose Prevention, Recognition, and Response ..

WABON supports institutions and agencies in initiating and implementing formal opioid overdose prevention programs as a strategy to prevent and respond to opioid overdoses within their facilities and/or in the community. Key components include:

- Educating high-risk patients, their family members, friends, and the community on recognizing opioid overdose signs, and administering opioid antagonist.
- Incorporating opioid overdose prevention training into nursing education curriculum.
- Allowing nurses and UAP to dispense, distribute, administer, and deliver OORM to high-high risk patients and/or family members in any setting.
- Implementing CDTAs, standing orders/protocols to prescribe, dispense, distribute, and deliver opioid overdose medication, including following the Naloxone State-Wide Standing Order.
- Following evidence-based practices for opioid analgesics to manage pain, and overdose management.

References

Laws and Rules

- Washington State Department of Health: WABON Laws and Rules
- Washington State Department of Health: Pharmacy Quality Assurance Commission Laws and Rules
- RCW 28A.210.390: Opioid Overdose Reversal Medication—Standing Order—Administration
- RCW 28A.210.395: Opioid Overdose Reversal Medication—Policy Guidelines and Treatment Requirements—Grant Program
- RCW 4.24.300: Immunity from Liability for Certain Types of Medical Care

Resources

advisory opinion does not address state or federal proclamations or rule waivers that temporarily change some regulatory requirements in emergency or disaster situations.

- Centers for Disease Control: Overdose Resource Exchange Library
- Human Health Services: Surgeon General's Advisory on Naloxone and Opioid Overdose
- National Association of School Nurses: Naloxone in the School Setting
- National Council State Boards of Nursing: Opioid Toolkit
- Office of the Superintendent of Public Instruction: Health Services Resources
- Stop Overdose.Org
- Substance Abuse and Mental Health Services Administration: Opioid Overdose Reversal Medications
- Washington State Department of Children, Youth, and Families: Opioid Overdose Reversal Medications
- Washington State Department of Health
    - Washington State Department of Health: Overdose Prevention, Recognition, and Response
    - Overdose Education and Naloxone Distribution
- STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND …
- Washington State Department of Social and Health Services: Opioid Overdose Reversal Medications in Long-Term Care Facilities
- Washington State Health Care Authority: Opiate Opioid and Overdose Response Plan
    - Opioid-Related Overdose Policy Guidelines and Training in the School Setting
    - 3424 Procedure Opioid-Related Overdose Reversal
    - 3424 Opioid-Related Overdose Reversal

Department of Health
Nursing Care Quality Assurance Commission

Advisory Opinion

An advisory opinion adopted by the Nursing Care Quality Assurance Commission (NCQAC) is an official opinion about safe nursing practice (WAC 246-840-800). The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may restrict practice further in their setting and require different expectations to assure their patients' safety and decrease risk.

Title:	Nursing Telehealth Practice: Registered Nurse, Licensed Practical Nurse, Nursing Technician, and Nursing Assistant	*Number:* NCAO 25.00
References:	See References and Resources (Page 5-6)	
Contact:	Deborah Carlson, MSN, RN, Director of Nursing Practice	
Phone:	360-236-4703	
Email:	NursingPractice@doh.wa.gov AdvancedPractice@doh.wa.gov	
Effective Date:	March 12, 2021	
Supersedes:	Telehealth/Telenursing for Nurses (Undated)	
Approved By:	Nursing Care Quality Assurance Commission (NCQAC)	

Conclusion Statement

The appropriately trained and competent registered nurse (RN), licensed practical nurse (LPN), nursing technician (NT), and nursing assistant-certified/nursing assisted-registered (NA-C/NA-R) may perform telehealth nursing care using telehealth technologies within their legal scope of practice, regulatory requirements, and practice standards. The individual must be credentialed in Washington State to provide telehealth nursing services to individuals/patients located in Washington unless a qualified exception applies. The individual providing telehealth services to patients located in other states, U.S. territories, or countries must comply with licensing, practice requirements, and laws and rules for that jurisdiction. The laws and rules do not prohibit the practice of telehealth nursing in any setting. Regardless of the setting, using telehealth as a tool, does not expand scope of practice. The Nursing Care Quality Assurance Commission (NCQAC) recommends using the Nursing Scope of Practice Decision Tree to determine if an activity is within the individual nurse's scope of practice.

This advisory opinion is intended as a broad statement on nursing telehealth practice and is not meant to encompass all practice settings, related laws and rules, or address state or federal proclamations/waivers issued that temporarily waive some regulatory requirements on telehealth services.

Background and Analysis

Telehealth nursing is the use of telehealth technology and nursing knowledge by remotely connecting nurses and other health care practitioners with individuals/patients to deliver health care services, health-related education, public health, and health administration. Telehealth is different from telemedicine in that it refers to a broader scope of remote health care services than telemedicine. Types of telehealth include:

- Telemedicine (Synchronous Telehealth).
- Asynchronous Telehealth (Store-and-Forward).
- Remote Patient Monitoring (RPM).
- mHealth (Mobile Health).

The RN or LPN may function as the primary clinical provider within their legal and individual scope of practice. The nurse, NT, and NA-C/NA-R may function as the telepresenter at the home site, assisting and facilitating clinical visits and presenting the patient/individual to a health care practitioner at a distant site.

Examples of practice settings (but not limited to) using telehealth services include practitioner networks, insurance companies, call centers, hospitals, ambulatory clinics, outpatient facilities, academic settings, prisons, schools, treatment centers, home health, hospice, and long-term care facilities.

The nursing statutes and regulations permit the RN to delegate nursing tasks defined in the nursing laws and rules in community-based and in-home care settings. RCW 18.79, WAC 246-840, RCW 18.88A, WAC 246-841.

Telemedicine Training Requirement

RCW 43.70.495 requires licensed, registered or certified health care professional (excluding physicians or osteopathic physicians) providing clinical services through telemedicine to complete telemedicine training. RCW 70.41.020 defines telemedicine as, "The delivery of health care services using interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. It does not include the use of audio-only telephone, facsimile, or email." The training must include information on current state and federal law, liability, informed consent, and other criteria outlined by the Washington State Telehealth Collaborative. Alternative training offered by an employer continuing education courses or training developed by a health care professional board or commission must include similar components of the telemedicine training developed by the Washington State Telehealth Collaborative. The health care provider must sign and retain an attestation of completion. The NCQAC is not requiring the nurse to send the attestation toto the commission unless requested. See the NCQAC's Frequently Asked Questions about Telemedicine Training for additional guidance. The nurse, NT, or NA-R/NAC acting in the role of the telepresenter is not required to take the training.

Recommendations

The RN, LPN, and NT may provide telehealth services within their legal scope of practice and competencies. (18.79 RCW and WAC 246-840). The NA-C/NA-R (RCW 18.88A and WAC 246-841) or other assistive personnel, such as the medical assistant (Chapter 18.360 RCW and Chapter 246-827 WAC), certified home care aide (Chapter 18.88B RCW and Chapter 246-980 WAC), may function under the direction, supervision, or delegation within their scope of practice and legal requirements.

Principles of Telehealth Nursing Practice

The following broadly describe the principles of telehealth nursing services to guide individual practice:

Principle 1: Therapeutic Nurse-Patient Relationship

A therapeutic nurse-patient relationship is formed when a nurse provides care to a patient using telehealth technologies. Nurses are accountable for establishing and maintaining the therapeutic nurse-patient relationship. The relationship is established and maintained by the nurse's use of their professional nursing knowledge and skill, caring attitudes, and behaviors. The relationship is based on trust and respect.

Principle 2: Standards of Care

Providing telehealth nursing care consists of obtaining information about, and providing information to, patients/individuals or other health care professionals using the nursing process, critical thinking skills, and evidence-based practice to plan effective care. Nurses may use standardized interview tools, computer-based protocols/standing orders, algorithms, or other decision support tools. The nurse must follow the same standard of care in telehealth care as in face-to-face care. The nurse must be competent to safely perform telehealth services and follow standard nursing processes. A facility's policies may restrict telehealth nursing in some settings or require additional training and competency. It is essential to know agency policies and practices for using telehealth technology. The RN may assess, interpret, and analyze patient data from remote telehealth sites and determine its action.

Principle 3: Nursing Judgment

The nurse must use nursing judgment in all aspects of care and consider what aspects care can be provided safely using telehealth technology. The use of telehealth technologies may not be appropriate in some circumstances.

Principle 4: Direction, Supervision, and Delegation

The nurse must follow all laws and rules related to direction and supervision of LPNs and the direction, supervision and/or delegation to the NA-C/NA-R or other assistive personnel. Examples of other credentialed assistive personnel include the medical assistant, certified home care aide), and non-credentialed individuals in public and private school settings (grades kindergarten-twelve) Chapter 28A.210 RCW. Assistive personnel may function under the direction, supervision, or delegation of the nurse within their scope of practice and legal requirements.

Principle 5: Documentation

Documentation should be the same and no less than for in-person care. The WAC 246-840-700(3) outlines the nursing rules that apply to documentation requiring the nurse to document on essential client records, the nursing care provided, and the patient's response to that care. The nurse should observe their workplace policies protocols, and quality assurance mechanisms for proper telehealth documentation and workflows. The nurse should contact the insurance provider, Centers for Medicare, Medicaid Services, or the Health Care Authority (HCA) for reimbursement questions.

Principle 6: Roles and Responsibilities

Nurses retain accountability for recognizing whether they have the knowledge, skill, and judgment to meet the needs of the patient. Nurses must consult with appropriate healthcare professionals as appropriate. As with other forms of practice, nurses in telehealth nursing practice may experience ethical and moral dilemmas. Using information and telehealth technologies to provide care require advanced communication skills and competencies that overcome the inherent barriers to assessment posing unique challenges and risks. Nurses may function in the role of telepresenter or the clinical provider within their legal and individual scope of practice. It is not within the scope of the NA-C/NA-R to function in the role as the clinical provider but may function in the role of telepresenter.

Principle 7: Consent, Privacy and Confidentiality

Nursing telehealth practice is subject to the same state and federal statutes and rules concerning consent, confidentiality and privacy as are all other types of nursing care.

Principle 8: Licensure Considerations

The RN, LPN, NT, or NA-C/NA-R must be licensed in Washington state to provide care to patients/individuals located in Washington State. While employers monitor and may assist nurses in obtaining nursing licensure, nurses have the professional responsibility and accountability of ensuring they are appropriately licensed to practice. The individual providing telehealth services to patients located in other states, U.S. territories, or countries must comply with licensing, practice requirements, and laws and rules for that jurisdiction. RCW 18.79.240 defines exceptions that might apply. RCW 43.70.117 Health Care Professionals Licensed in another state or United States Territory or the District of Columbia - In-State Practice on a Limited Basis - Requirements - Limitations allows in-state practice on a limited voluntary (uncompensated) basis up to thirty days per calendar year. Chapter 70.15 RCW allows exceptions in emergencies (Healthcare Providers Emergency Volunteers Practice Act Information and Resources).

Principle 9: Professional Ethical and Liability Considerations

It is important that health care practitioners recognize that the legal risks performing telehealth services may be higher because of the risk of error. With the growth in nursing telehealth practice comes important practice, ethical, and liability issues that need to be considered. The use of information and telehealth technologies in patient care can increase liability risks to the nurse. Some strategies for risk reduction include establishing and maintaining therapeutic nurse-patient relationships, exploring the patient's situation and reason for seeking help, and ensuring

information and telecommunication systems and data transmission are secure. Nurses should consult with their employer, professional associations, and/or legal counsel about whether to purchase malpractice insurance.

Principle 10: Competencies
Nursing telehealth practice requires competence, expertise and knowledge beyond that which is obtained in a basic nursing program. Nurses providing telehealth practice care must possess current and in-depth knowledge in the clinical area(s) relevant to the role and specialty area. Nurses providing telemedicine must meet the telemedicine training requirement. While the Telemedicine Training Requirement is only required when providing clinical services through telemedicine, the commission recommends completion of the training or alternative training if performing any type of telehealth services. The nurse should use the Scope of Practice Decision Tree to determine if activities are within the nurse's legal and individual practice scope.

Conclusion

Telehealth nursing services do not expand the scope of nursing practice or change the scope and process required for nursing delegation. The nurse, NT, or other assistive personnel performing telehealth nursing services must have the required education and training to ensure competency related to its use to deliver nursing care. The nurse, NT, and other assistive personnel must comply with the state and federal laws, rules and standards of practice. Institutional policies and procedures should outline safety standards, potential hazards, operating procedures, and documentation. The nurse, NT, or other assistive personnel who provide telehealth nursing services must have a Washington license if required by law. The nurse is responsible and accountable for the quality of nursing care using telehealth nursing services to clients, just like face-to-face care. The nurse must use nursing judgment to consider whether using telehealth services is safe for the patient.

References and Resources

State Laws and Rules

RCW 18.79 Nursing Care
WAC 246-840 Practical and Registered Nursing
RCW 18.88A Nursing Assistants
RCW18.88B Home Care Aides
WAC 246-980 Home Care Aide
RCW 28A.210 Schools (K-12) Health Screening and Requirements
RCW 70.02 Medical Records Health Care Information Access and Disclosure
RCW 43.70.117 Health Care Professionals Licensed in another state or United States Territory or the District of Columbia - In-State Practice on a Limited Basis - Requirements - Limitations
RCW 69.51A.030 Medical Cannabis and Telemedicine
RCW 70.15 Uniform Emergency Volunteer Health Practitioners Act
RCW 43.70.495 Telemedicine Training for Health Care Professionals

RCW 70.41.020 Hospital Licensing and Regulation - Definitions (Telemedicine)
RCW 48.43.735 Reimbursement of Health Care Services Provided through Telemedicine or Store and Forward Technology
RCW 74.09.658 Home Health – Delivered through Telemedicine
WAC 182-551-2125 Home Health Services - Telemedicine
WAC 182-531-1730 Health Care Authority Physician-Related Services
WAC 246-335-610 Hospice Definitions (Telehealth and Telemedicine)
WAC 246-915-187 Physical Therapists and Physical Therapy Assistants Definition (Telehealth)
WAC 246-847-176 Occupational Therapists - Telehealth
Title 74 Public Assistance RCW 74.09.010 Definitions

Federal Laws and Rules

Federal Education and Privacy Act (FERPA)
Health Care Accountability and Portability Act (HIPAA)
Healthcare Information Technology for Economic and Clinical Health Act (HITECH)
U.S. Code of Federal Regulations, Title 38.17

Other Guidance Documents and Resources

American Academy of Ambulatory Care Nursing: Telehealth Nursing Scope of Practice
American Health Information Management Association: Telemedicine Toolkit
American Telemedicine Association Practice Guidelines
Centers for Medicare and Medicaid Services: Telemedicine
Health Resources and Services Administration (HRSA): Telehealth Resources and Guidance
National Association of School Nurses: The Role of School Nursing in Telehealth
National Council of State Boards of Nursing Telehealth Position Statement
Online Journal of Issues in Nursing: Nurses Advancing Telehealth Services in the Era of Reform
Washington State Department of Social and Health Services Telehealth Guidebook
Washington State Nurses Association Telemedicine Risk Management Statement (2018)

Advisory Opinion – Request to Rescind

To: Consistent Standards of Practice Subcommittee

From: Deborah Carlson, MSN, RN, WABON Nursing Practice Director

Re: Request to Rescind Development of the Radiology Advisory Opinion

I am submitting a request I submitted to rescind the development of an Advisory Opinion that was presented to the Consistent Standards of Practice Subcommittee February 4, 2025, regarding Radiology Procedures due to the complexities of the nursing scope of practice in this field.

Radiology nursing is a little-known specialty, and nurses do have an important role in this area in a variety of settings: medical centers, hospitals, clinics, 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.

I recommend developing Frequently Asked Questions instead of the Advisory Opinion as this may be more helpful in defining the scope of practice of nurses in performing specific diagnostic, interventional, and therapeutic radiology procedures.

Thank you.

Nursing Scope of Practice: Radiology Procedures Legal Review

To: Consistent Standards of Practice Subcommittee

From: Deborah Carlson, MSN, RN, WABON Nursing Practice Director

Re: Nursing Scope of Practice: Radiology Procedures: Legal Review

On February 2, 2025, at the Consistent Standards of Practice Subcommittee meeting during the discussion of the request to develop an Advisory Opinion regarding radiology procedures, there was concern that this might not be within the scope of a nurse because of the Radiology statutes. While this was addressed in the initial request, the subcommittee requested additional clarification.

A legal review indicates the following in reviewing the Radiology Law:

RCW 18.84.030 states a person needs a radiologic technology registration or certification under that chapter to practice radiologic technology, ***unless*** *they are a licensed practitioner per the definition in RCW 18.84.020(5). The definition of licensed practitioner for these purposes "means any licensed health care practitioner performing services within the person's authorized scope of practice." The board of nursing then clarified that it is within the scope of a nurse to perform radiologic services under supervision, which the board has authority to provide an opinion on under RCW 18.79.110(1).*

Advisory Opinion Request

Radiology/Imaging Procedures – Registered Nurse (RN) and Licensed Practical Nurse (LPN) Scope of Practice

Requestor Information

Deborah Carlson, MSN, RN, Nursing Practice Director, WABON
Debbie.Carlson@doh.wa.gov

Reason for Request

The WABON Practice Team has been receiving questions regarding the RN and LPN scope of practice in performing radiology/imaging procedures for screening, diagnostic, and interventions/treatments. In reviewing the literature and evidence-based practice, it appears that whether nurses can perform these activities are somewhat controversial and the staff need formal guidance to respond to these questions.

Background, Literature Review, and Evidence-Based Practice

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

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

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.

Practice Team Draft 3/6

DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING
PROCEDURE

Title:	Advisory Opinion Procedure	**Number:**	F03.06
Reference:	34.05 RCW Administrative Procedure Act WAC 246-840-800 Scope of Practice-Advisory Opinions Tribal Public Health: Washington State Department of Health		
Author:	Deborah Carlson, MSN, BSEd, PMC, CPM, RN Director of Nursing Practice Washington State Board of Nursing (WABON)		
Effective Date:	May 9, 2025	**Date for Review:**	May 9, 2027
Supersedes:	F03.05 - Advisory Opinion Procedure F01.02 Development, Rescinding and Archiving Interpretive Statements, F03.04 - Nursing Practice Advisory Opinions, Interpretive Statements, Policy Statements, and Declaratory Orders, July 10, 2015 F03.03 - Nursing Practice Advisory Opinions, Interpretive Statements, Policy Statements, and Declaratory Orders F03.02 - Request for Interpretive Statement, Consistent Standards of Practice Sub-Committee Responsibilities and Actions, May 11, 2012 F03.01 - Advisory Opinions, Policy Statements, and Declaratory Orders, May 11, 2012		
Approved:			
	Dawn Morrell, BSN, RN Chair Washington State Board of Nursing (WABON)		

PURPOSE:

This procedure describes the process of adopting and rescinding a nursing scope of practice advisory opinion. The Washington State Board of Nursing (Board) has authority to issue advisory opinion in response to questions from advanced registered nurse practitioners (ARNPs) registered nurses (RNs), licensed practical nurses (LPNs), nurse technicians (NTs), and nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) concerning the authority of various categories of nursing practitioners to perform particular acts (RCW 18.79.110). The Board may issue or decline to issue an advisory opinion.

DEFINITIONS:

- Advisory Opinion – "A written opinion in response to questions concerning the authority of various categories of nursing practitioners to perform particular acts" RCW 18.79.110.
- Lead Author – Staff member appointed to provide overall coordination and develop a draft advisory opinion for the Board's review and approval.

PROCEDURE:

I. Advisory Opinion Request Process

A. The requestor may submit an Advisory Opinion Request for a response from the Board. Requests may come from Board staff, Board Subcommittees, nurses, professional organizations, Tribes, public or private agencies, or other partners and interested parties.

1. The Director of Advanced Practice (or appointed lead author) provides overall coordination of requests for ARNP scope of practice Advisory Opinions.
2. The Director of Nursing Practice (or appointed lead author) provides overall coordination of requests for RN, LPN, NT, and NA-R/NA-C scope of practice Advisory Opinions.
3. The lead author:
   a) Instructs the requestor to submit the WABON Nursing Practice Advisory Opinion Request Form.
   b) Reviews the written WABON Nursing Practice Advisory Opinion Request Form to determine completeness and clarity.
   c) Saves the WABON Nursing Practice Advisory Opinion Request Form and related documents in the appropriate SharePoint Subcommittee folder.
   d) Notifies the requestor of receipt of the request and asks for additional information and clarification if needed.
   e) Conducts additional review, synthesis, and analysis specific to the request (as appropriate).
   f) The author saves the summary in the appropriate SharePoint Subcommittee Folder.
   g) The author submits the request to the appropriate Subcommittee to initiate the Board Advisory Opinion Request process:
      i. Advanced Practice Subcommittee (APSC); or
      ii. Consistent Standards of Practice Subcommittee (CSPSC)
   h) The Subcommittee makes recommendations to the Board considering the following:
      i. Questions or controversy related to nursing scope of practice.

ii. Changes in technology related to the nursing scope of practice.
iii. Legislation or regulatory changes related to nursing scope of practice.
iv. Practice safety concerns or issues.

4. The Board approves, rejects, and/or asks for further clarification.
5. The lead author notifies the requestor of action taken based on direction from the Board.
6. Processing begins upon submission, allowing for prompt responses based on priority levels and resource allocation.

B. Communication Plan

1. The lead author collaborates with the Communications Team to develop a communication plan once the request to develop an Advisory Opinion is approved by the Board.
2. Partners/Interested Party Participation:
   The Lead author:
   a) Identifies and creates a list of internal and external partners/interested parties, and Subject Matter Experts (SME) in coordination with administrative staff.
   b) Facilitates communication with partners, interested parties Subcommittee meetings, workshops, and informal methods (such as emails), and other opportunities for participation.
   c) Follows the Washington State Department Consultation and Collaboration Procedure to communicate with tribal public health partners.
   d) Follows the Local Heath Jurisdiction (LHJ) policies and procedures to communicate with LHJs: Local Health Jurisdiction Engagement.
3. Advisory Opinion Workshops
   a) Interested Party Workshops may be held to allow participation from the public, key partners, and interested parties to provide input, suggestions, and concerns. See the Interested Parties Analysis Instructions.docx for guidelines.
   b) See the WABON New Rulemaking-Project Scoping Form as a guide to outline the request's scope and communication strategy.
   c) The author schedules a minimum of two virtual Advisory Opinion workshops in coordination with assigned staff.
   d) The author or assigned staff will create an Advisory Opinion Workshop Workbook to include draft proposed language and record questions, comments, or suggestions.
   e) The author and assigned staff work together to develop the Advisory Opinion Workshop PowerPoint presentation using the WABON PowerPoint Template to include:
      i. Overview of the purpose and process of Advisory Opinions.

ii. Background of the Advisory Opinion request.

f) The author and assigned staff will present draft proposed language and record questions, comments, and/or suggestions.

g) The author and assigned staff will present information and respond to questions, comments, and suggestions during the Advisory Opinion Workshops. Staff will also provide technical assistance.

h) A debrief meeting with the policy and communication team occurs after the workshop (30 minutes).

4. Once the Board approves the Advisory Opinion the author distributes the approved statement according to established communication policies and procedures:
   a) Remove the "draft" watermark and save the document in the SharePoint Subcommittee folder:
   b) Send the final document to the Communications Specialist to send out on the GovDel distribution list and post on the appropriate Board website.
   c) Send the final document to the assigned Administrative Assistant to post on the Advisory Opinion Tracking system in the SharePoint Guidance Document Library.
   d) Send the final document to the requestor and key partners and interested parties.

II. Advisory Opinion Drafting Process

A. Once approval is obtained by the Board to develop an advisory opinion, the lead author initiates drafting of the advisory opinion using the Advisory Opinion Template and "Draft" watermark, using Plain Talk Readability Standards, including the following components:
   1. Background and description of the request.
   2. Legal analysis applicable to the scope of practice subject.
   3. Existing literature and/or evidence-based research applicable to the scope of practice subject.
   4. Information on Scope and Standards of Practice issued by the appropriate nationally recognized professional organizations.
   5. Decision-making framework for determining whether a specific task, intervention, or activity is within the nursing scope of practice.
   6. Requirements, recommendations, and conclusions.

B. The Author reviews the advisory opinion request and conducts research using the best available evidence-based practices.

C. The author initiates an internal review process with the following participants using SharePoint - See the F03.06 attachment WABON AO Process - Flow Chart.pptx that includes review points.
   1. Executive Director
   2. Assigned staff or subject matter expert (SME)
   3. Assistant Director of Policy
   4. Assistant Attorney General
   5. Assigned Subcommittee Legal Counsel
   6. Nursing Practice Director

D. The author saves the draft and related documents on the SharePoint Subcommittee folder.
E. The author tracks, edits, makes suggestions, or comments and saves in the SharePoint Subcommittee Folder. Other staff will make any recommended changes using the document in SharePoint.
F. The author consults with the Subcommittee's assigned legal counsel and/or AAG, as necessary.
G. Final Review:
    1. The author initiates a final review by the Board's Executive Director, assigned staff or SME, Assistant Director of Policy, and Subcommittee staff attorney, and other assigned Practice staff prior to sending the final draft to the AAG.
H. The author completes edits and adds the final draft of the Advisory Opinion to the agenda and packet of the appropriate Subcommittee.
I. The Subcommittee accepts or makes edits to the draft:
    1. The author makes recommended edits (substantial edits may require additional research, partner and interested party input, taskforce or workgroup participation, and AAG review).
J. The Subcommittee reaches a consensus that the draft is ready for the Board's consideration:
    1. The author processes the request for the Board's approval.
K. The Board approves, amends, or rejects the opinion:
    1. The author follows up as instructed by the Board.
    2. The author notifies the requestor of action(s) taken.

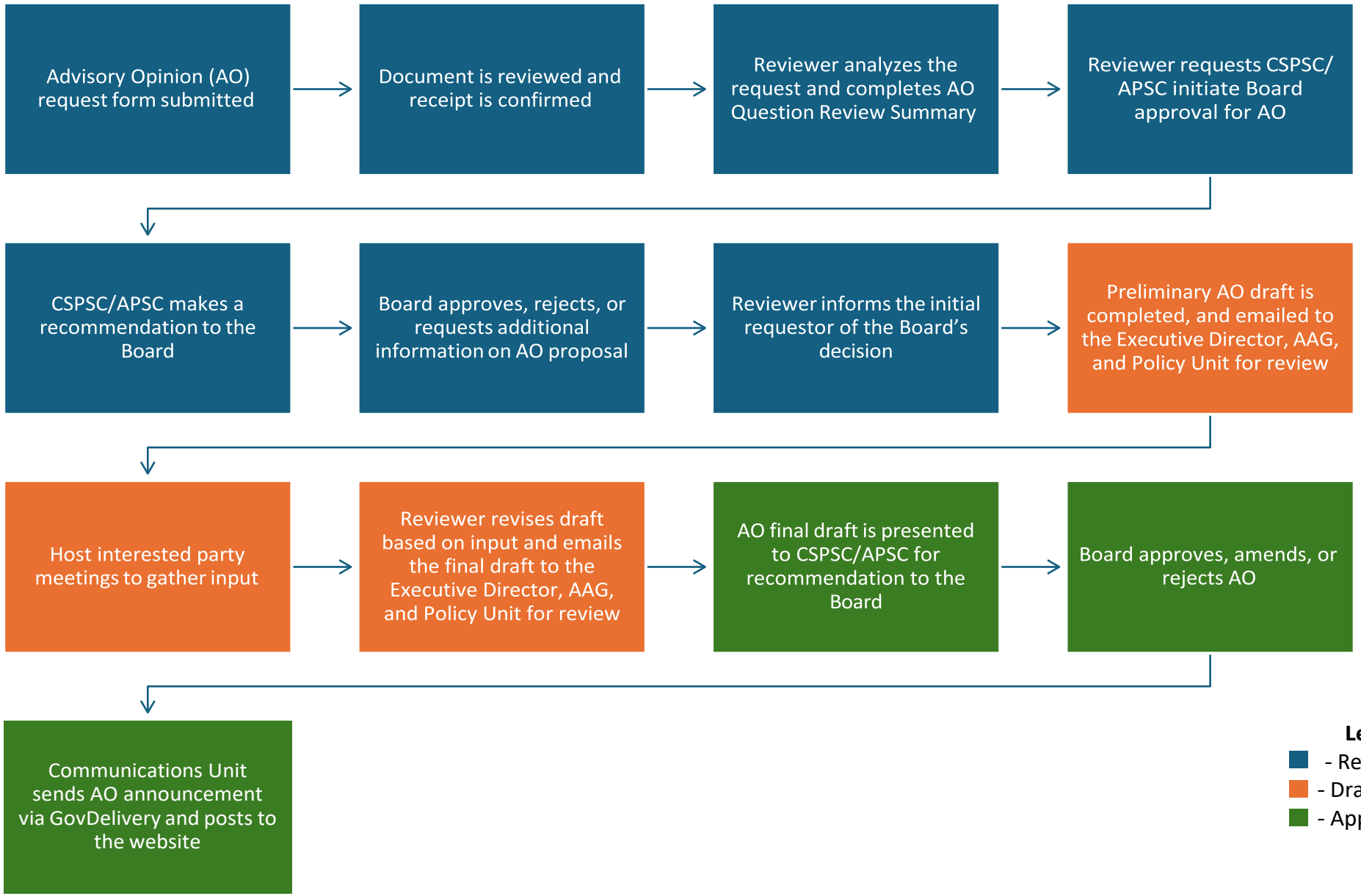
III. Document Tracking System

A. The final approved Advisory Opinion and working documents will be maintained on the Board's Nursing Practice SharePoint Library site.

IV. Reviewing, Rescinding, and Archiving Process

A. The appropriate Subcommittee reviews advisory opinions at least every five years, or more often as appropriate, and makes recommendations to the Board.
B. The author follows the drafting, subcommittee, approval, and communication processes, outlined in this procedure.
C. Rescinded Advisory Opinions and related documents will be saved in an Archive Folder on SharePoint.

Advisory Opinion (AO) Process – RCW 18.79.110



Rev. 3/5/25