



WASHINGTON STATE BOARD OF NURSING (WABON)
Consistent Standards of Practice Subcommittee (CSPSC) Agenda
June 18, 2025, 12:00 p.m. to 1:30 p.m.

Join the Meeting on ZOOM
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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
Deborah Carlson, MSN, RN, Nursing Practice Director 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

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 June 11, 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](#).

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

- II. Standing Agenda Items**
 - A. Announcements, Hot Topics, WABON Business Meeting Updates
 - 1. WABON Advisory Opinion Procedure – Approved May 9, 2025
 - 2. Telehealth Advisory Opinion – Request to rescind approved May 9, 2025
 - B. Review of Draft Minutes
 - 1. April 1, 2025 – ACTION

- III. Old Business**
 - A. School Delegation Advisory Opinion revision – Shana Johnny – ACTION
Situation: Updates to the School Nursing Delegation Advisory Opinion incorporates new legislative language, including expanded anaphylaxis medication access listed under RCW 28A.210.383, adds a section for Opioid Overdose Reversal Medication (OORM) listed in RCW 28A.210.390, and clarifies school nursing delegation roles and exceptions.
Background: RCW 28A.210.383 allows trained unlicensed school personnel to administer school-supplied epinephrine to students with a prescription on file—**without nurse delegation**—aligning with RCW 28A.210.380. Previously, under Title 28A RCW: Common School Provisions, nurse delegation was required for legend drugs, OTC medications, and epinephrine via auto-injector.
Assessment: The revised advisory opinion reflects legislative updates, introduces a new format for improved usability, includes the Registered Nurse Delegation Decision Tree, and clarifies whether injectable epinephrine administration qualifies as delegation under RCW 28A.210.383.
Recommendation: Review final draft with recommendations to WABON.

 - B. School Delegation Frequently Asked Questions (FAQ) Revision – Shana – ACTION
Situation: The School Nursing Delegation FAQs final draft addresses common concerns and aligns with updated legislation.
Background: The FAQs provide clear, accessible guidance for school nurses navigating school nursing delegation. The document includes recent legislative changes that include RCW 28A.210.383 that expands access to anaphylaxis medications in schools.
Assessment: The revised FAQs incorporate streamlined responses to frequently asked questions. Key updates include references to changes in RCW and provide a link to the RCW.
Recommendation: Review final draft with recommendations for submission to WABON.

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- C. Prevention and Treatment of Opioid Overdose Medication (OORM) Advisory Opinion – Debbie Carlson – ACTION
Situation: The OORM Advisory Opinion final draft updates change to availability of a new category of OORM, addition of intranasal naloxone (legend drug and over the counter drug).
Background: A general review was necessary to ensure current updates to the advisory opinion.
Assessment: The revised advisory opinion provides updated information with new options for OORM used to respond to questions about scope of practice for nurses and unlicensed assistive personnel administering OORM.
Recommendation: Review final draft with recommendations for submission to WABON.
- D. Dermatological, Aesthetics, and Cosmetic Procedure Advisory Opinion – Debbie Carlson – ACTION
Situation: The advisory opinion draft summarizes the scope of practice for RNs and LPNs in performing dermatologic, aesthetic, and cosmetic procedures RNs and LPNs.
Background: Receiving numerous questions about nurses performing dermatologic, aesthetic, and cosmetic practices and concerns about discipline cases/complaints in this specialty area including private practices specific to medical spas/wellness centers and IV hydration businesses.
Assessment: This advisory opinion addresses practice expectations for RNs and LPNs when engaging in dermatologic, aesthetic, and cosmetic procedures including expectations when starting a business.
Recommendation: Review final draft with recommendations for submission to WABON.
- E. Dermatological, Aesthetics, and Cosmetic Procedure FAQs – Debbie – ACTION
Situation: The FAQs summarizes scope of practice for RNs and LPNs in performing dermatologic, aesthetic, and cosmetic procedures RNs and LPNs.
Background: Staff receive numerous questions about nurses performing dermatologic, aesthetic, and cosmetic practices.
Assessment: These FAQs provide additional guidance with a link to the advisory opinion for RNs and LPNs when engaging in dermatologic, aesthetic, and cosmetic procedures.
Recommendation: Review final draft with recommendations for submission to WABON.
- F. Priority Matrix update – Shana – UPDATE

IV. New Business

- A. Telehealth Frequently Asked Questions – Debbie – ACTION

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Situation: The Telehealth FAQ draft clarifies new laws under Chapter 18.134 RCW Uniform Telehealth Act, addresses concerns about out-of-state RNs providing telehealth services, and ensures alignment with updated legislation.

Background: The FAQs provides references to the new laws for navigating telehealth standards, responsibilities, and exceptions. The document includes recent legislative changes in Chapter 18.134 RCW.

Assessment: The revised FAQs incorporate streamlined responses to frequently asked questions.

Recommendation: Review the FAQ final draft with recommendations for submission to WABON.

- 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 – August 5, 2025

VII. Adjournment



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

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

Subcommittee Members Absent: Tiffany Randich, RN, LPN, Pro Tem

Staff Members: Shana Johnny, DNP, RN, Nursing Practice Consultant
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

Staff Members Absent: Margaret Holm, JD, RN, Ad Hoc

I. Opening

- A. Heleena Hufnagel, Acting Chair, called the meeting to order at 12:03 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 offered an opportunity to introduce themselves.

II. Standing Agenda Items

- A. Announcements/Hot Topics/WABON Business Meeting Updates:
1. Legislative Updates – Quiana Daniels provided bill updates from the Legislative Panel meetings of HB 5051 and HB 1720 passed, HB1162, HB1186, HB 1430, HB 1546, SB 5240, SB 5244, SB 5557 are all in process. Diana Meyer suggested addressing SB 5240 if approved in the School Nursing Delegation Advisory Opinion regarding Epinephrine injectors.
 2. Proposed CSPSC Meeting Schedule – Shana Johnny presented suggested meeting dates and the proposal to stick with the previous bimonthly schedule and cancel meetings when not needed.
- B. Review of Draft Minutes – February 4, 2024 – The subcommittee reviewed draft minutes and reached consensus to take these to the board for approval.

III. Old Business

- A. Cosmetic/Aesthetic Advisory Opinion (AO) Revision Update – Debbie Carlson provided an update on the work of the Interagency Aesthetic Task Force, a webpage

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of resources coming soon, and a joint statement by pharmacy. The current document is in legal review.

- B. School Delegation AO and FAQ Revision Update – Shana provided an update and indicated we have been waiting on SB 5240 before continuing. Diane raised questions and concerns about teaching and delegation and prescription versus prescribing. Debbie Carlson clarified and responded to questions. Document ready for CSPSC review and action for WABON’s July agenda.
- C. Prevention and Treatment of Opioid Overdose Medication (OORM) AO Revision Update – Debbie provided update, mentioned issues with new medications, and document ready for CSPSC review and action for WABON’s July agenda.
- D. Telehealth AO Request to Rescind – Shana provided background for rescinding the current opinion and why new language in RCW 18.134 would create confusion for further revision. We consulted the legal team who felt RCW 18.134 covered the content of our current AO. A request to consider recommending rescinding the current AO and to focus on FAQs. The subcommittee agreed to recommend rescinding this AO and focus on creating FAQs to present to the board for final consideration.
- E. Radiology AO Request Rescind – Debbie, rescinded the request to develop an AO and recommended developing FAQs. The subcommittee agreed to focus on creating FAQs to present to the board for approval.

IV. New Business

- A. Advisory Opinion Procedure Draft – Debbie explained the highlights of the new procedure. Shana Johnny shared the integration of diversity, equity, and inclusion tools and stakeholder analysis components. The subcommittee recommended we present the Advisory Opinion Procedure draft to the board for approval.

V. Public Comment

- A. The public expressed appreciation for the changes to the AO procedure. Feedback given that valued the emphasis on Frequently Asked Questions (FAQs), as they provide a useful pathway to access the information needed. The subcommittee recommended we implement a clear procedure for when an AO is right and when FAQs are.

VI. Ending Items

- A. Review of Actions
 - 1. CSPSC February Minutes Draft – Send to WABON for approval.
 - 2. Telehealth AO – Send request to rescind to WABON and recommend focusing on FAQs to WABON.
 - 3. Radiology – Develop FAQs.
 - 4. Advisory Opinion Procedure – Send to WABON for approval
 - 5. Date of Next Meeting – June 3, 2025.

VII. Adjournment at 12:50 p.m.



Advisory Opinion: School Nurse 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: ARNPPpractice@doh.wa.gov Telephone: 360 236-4703

The Washington State Board of Nursing (WABON) issues this advisory opinion in accordance with WAC 246-840-800. An advisory opinion adopted by the WABON 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. This 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 does not address state or federal proclamations or rule waivers that temporarily change some regulatory requirements in emergency or disaster situations.

Advisory Opinion: School Nurse Delegation to Unlicensed Assistive Personnel in Public and Private Schools, Kindergarten-Twelve Grades

Introduction

This advisory opinion clarifies the requirements and guidelines for nursing delegation to unlicensed assistive personnel (UAP) in kindergarten through twelve (K-12) grades, public and private schools, outlining activities allowed under [RCW 18.79.260](#) and exceptions in [28A.210 RCW](#).

The term “UAP” in this advisory opinion refers to non-credentialed school personnel, who perform routine tasks that do not require a specialist knowledge base or the judgment and skill of a licensed nurse. School assistive personnel or staff examples include para-educator, parent designated adults (PDAs), classroom assistant, administrator, teacher, bus driver, bus monitor, playground attendant, office staff member, or health aide. This definition does not apply to nursing assistants or medical assistants. The term “school nurse” in this advisory opinion refers to registered nurses (RNs) and advanced registered nurse practitioners (ARNPs), consistent with the intent of [RCW 28A.210.305](#). According to [RCW 28A.210.305](#) RNs and ARNPs are authorized to function as school nurses. However, [Chapter 18.79 RCW: Nursing Care](#) includes licensed practical nurses (LPNs) in its definition of nursing practice. While licensed practical nurses (LPNs) can work in Washington State K-12 schools, they lack delegation authority and must function under the supervision of an RN or ARNP to provide nursing care.

Background

Students with acute or chronic health conditions rely on nursing support during the school day and school-sponsored events to fully participate in activities. In K-12 schools, delegation allows nurses to extend care effectively, especially in districts with limited health care staff.



Advisory Opinion: School Nurse Delegation in Schools, K-12,
Public and Private
Adopted: TBD
Reviewed/Revised: 7-11-2014, 7-12-2019, 1-14-2022
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Where law permits, the school nurse may delegate tasks to UAP to meet the health care needs of students in a safe and effective manner. The use of UAP for specific tasks is a decision the school nurse makes on a case-by-case basis and is determined through the nursing delegation decision-making process. The school nurse is accountable for their actions in the delegation process. The school nurse remains ultimately accountable for the outcome of the delegated task. It involves assessing patient needs, assigning appropriate tasks, and providing clear instructions and supervision of delegated nursing tasks.

Legal Analysis

General Delegation Laws and Rules

[RCW 18.79.260](#) requires that the delegating nurse consider the following prior to delegating tasks to UAP:

- Determine the individual's competence to perform the task.
- Evaluates whether delegation is appropriate in specific situations.
- Supervises the delegated task.
- Delegate only tasks within the nurse's scope of practice.

[WAC 246-840-010](#) defines delegation as the transfer of selected tasks to competent individuals in selected situations. The nurse delegating the task supervises the performance of the unlicensed assistive personnel (UAP).

[RCW 28A.210](#) applies to school nursing in K-12 schools, public and private. [RCW 28A.210](#) does not apply to:

- Early childhood programs (e.g., childcare, preschools, Head Start) licensed by the Department of Children, Youth, and Families (DCYF) ([Chapter 43.216 RCW](#) and [Chapter 110-300 WAC](#)).
- State schools for the blind, deaf, or sensory impaired ([Chapter 72.40 RCW](#)).
- Camps outside the jurisdiction of K-12 public/private schools.

Responsibility and Accountability



Advisory Opinion: School Nurse Delegation in Schools, K-12, Public and Private

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The school nurse is responsible for delegating nursing care to UAP and is protected by law from coercion or retaliation if delegation is deemed inappropriate. Both the school nurse and UAP are accountable for their actions during this process. No person may coerce a nurse into compromising student safety by requiring the school nurse to delegate (RCW 18.79.260). Additionally, [RCW 28A.210.275](#) provides immunity for school employees administering medication, provided they comply with nursing laws, directives from the delegating nurse, and school district policies. The school nurse must coordinate with the student's parents, healthcare practitioners, and train the school UAP on proper procedures before administering delegated activities. Ongoing training is required to ensure procedures are maintained, especially for infrequent services or medication that are delivered infrequently [RCW 28A.210.275](#).

An Individual Health Plan (IHP) and Emergency Care Plan (ECP) are required for students with diabetes ([RCW 28A.210.330](#)), seizure disorders ([RCW 28A.210.355](#)), or asthma/anaphylaxis episodes ([RCW 28A.210.370](#)).

Allowable Delegation of Tasks

[RCW 28A.210](#) allows school nurses to delegate certain nursing tasks to UAP in K-12, public and private schools, within the nurse's scope of practice including:

- Administration of legend drugs and over the counter medications (OTCs) – a written prescription is required. This includes specific routes (topical, oral, eye drops, ear drops, and intranasal medications). School district policies may differ regarding the delegation of OTC medication administration, student self-carry, and self-administration of medications, including the independent management of OTC medications once an order is on file ([RCW 28A.210.260](#)).
 - UAPs may apply OTC sunscreen to a student, supplied by a parent or guardian, without a prescription and without nursing delegation ([RCW 28A.210.278](#)) but are not required to do so.
- Non-sterile, intermittent bladder catheterization ([RCW 28A.210.280](#) and [WAC 246-840-820](#)).



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- Routine and non-complex nursing tasks that do not require puncturing of tissue, sterile procedures, or nursing judgment.

Delegation Exceptions

Anaphylaxis: [RCW 28A.210.383](#)

School nurses may train specific UAP to administer injectable epinephrine without needing to delegate this authority.

1. School ARNPs, RNs, and LPNs may administer stock epinephrine for anaphylactic reactions following a student's prescription or using school stock supply following standing orders.
2. A designated and trained UAP may administer epinephrine using an autoinjector with a prescription on file using the school supply of stock epinephrine if the student's prescribed epinephrine is unavailable following a standing order.
3. Only the RN, ARNP, or LPN may administer epinephrine using stock supply if the student does not have a prescription on file following a standing order.

Parent Designated Adults (PDA's) [RCW 28A.210.330](#) and [RCW 28A.210.355](#)

PDAs are authorized by parents to assist students with diabetes or seizure disorders ([RCW 28A.210.355](#)), as outlined in the student's IHP or ECP. Their responsibilities are limited to condition-specific tasks outlined in these plans.

School nurse's role in PDA oversight

- Training: School nurses may train PDAs to provide care as outlined in the IHP or ECP.
- Accountability: School nurses are not accountable for delegating or supervising PDA tasks ([RCW 28A.210.260](#)).



Advisory Opinion: School Nurse Delegation in Schools, K-12, Public and Private

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Scope of PDA Responsibilities

- PDAs perform functions the parent identifies, outlined in a signed form.
- Any changes in the students' condition-related nursing tasks (e.g., acute condition, insulin dose adjustments, additional glucose checks) must be communicated by the parent to the PDA, with the school nurse updating orders and the care plan as needed.

New Medical Needs

- Medical needs unrelated to the designated conditions outlined in [RCW 28A.210.260](#) are managed as they would be for any other student.
- If the PDA is unlicensed and uncredentialed, the school nurse may delegate specific tasks, such as administering an antibiotic.

Documentation/Delegation Limits

- Any delegated task outside the PDA's original designation should be clearly documented as a separate function on the care plan.
- Delegation should be specific to the task and not imply broader medical responsibilities.

Opioid Overdose Reversal Medication (OORM): [RCW 28A.210.390](#)

1. School ARNPs, RNs, and LPNs may administer prescription or over the counter OORM for a suspected opioid overdose following a standing order.
2. School UAP may administer prescription or over the counter OORM for a suspected overdose following a standing order.
3. School nurses may train specific UAP to administer injectable OORM without needing to delegate this authority.
4. School nurses may delegate intranasal OORM to UAP (but it is not required).
5. OORM may be used on any student, staff, visitor, or other individuals as bystander intervention following a standing order using school stock.



Advisory Opinion: School Nurse Delegation in Schools, K-12,
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See the WABON's [Opioid Overdose Reversal Medications Advisory Opinion](#) (OORM) for more information.

Telehealth Nursing

The school nurse may use telehealth modalities to initiate, evaluate, supervise and provide ongoing evaluation, or supervision of delegated tasks to UAP. ([Chapter 18.79 RCW](#), [Chapter 246-840 WAC](#), [Chapter 18.88A RCW](#), [Chapter 246-841 WAC](#)). The school nurse providing telemedicine services must take telemedicine training([RCW 43.70.495](#)).

Privacy and Confidentiality

The [Federal Educational Rights and Privacy Act \(FERPA\)](#) protects the privacy of student records. Generally, the Health Insurance Portability and Accountability Act (HIPAA) does not apply to schools unless the institution is a HIPAA covered entity and provides healthcare to non-students.

Conclusion and Guidance

Nursing delegation in schools involves the assignment of specific nursing tasks to a competent UAP for an individual student. The delegating school nurse is responsible for training, evaluating the UAP's competence, and providing ongoing supervision while also monitoring student health outcomes. It's important to note that the nursing process cannot be delegated. The school nurse must follow state and federal laws including those applicable to the school setting.

Nursing Delegation Decision Tree

WABON recommends the nurse use the Nursing Delegation Decision [Tree](#) to determine if a task is safe to delegate.

The school nurse cannot delegate tasks requiring:

- Sterile techniques,



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- Skin puncturing, except where explicitly allowed,
- Nursing skills and judgment.

Role and Responsibilities

Nurse Delegator

- Develop, administer, and evaluate IHPs and ECPs for students with chronic health conditions. (Note: An IHP and ECP are required for students with diabetes, seizure disorders, or potential anaphylaxis).
- Communicate, collaborate, and coordinate care with parents/guardians, healthcare practitioners, PDAs, school administrators, and any other individual involved in the care of the student.
- Document nursing care provided, including delegated activities, in the student's medical record.
- Ensure all delegated nursing tasks are supervised and performed safely following the nursing delegation process.
- Follow FERPA regulations or HIPAA regulations if applicable.

Delegate (UAP)

- Accept only responsibilities they are trained and qualified to perform, considering their comfort level with the task given and the patient's condition.
- Maintain competency and seek clarification if unsure about any task.
- Carry out delegated tasks correctly.
- Document nursing care in the student's medical record.
- Follow FERPA or HIPAA regulations if applicable.

PDAs

The school nurse remains accountable and responsible for ensuring the well-being and safety of the student regardless of designation of a PDA for diabetes or seizure disorders. While the school nurse is not allowed to delegate tasks related to diabetes or seizure treatments, the nurse may



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delegate other tasks to the UAP following the delegation process. The school nurse remains responsible for developing, monitoring, and evaluating the IHP and ECP. The school nurse may also be involved in the training and competency assessment of a PDA per district policy and procedure.

Telehealth

Telehealth services may not always be available or appropriate for the specific student and/or situation. The school nurse 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.

References and Resources

Washington State Board of Nursing (WABON)

[WABON Support for Practicing Nurses](#)

- Guidance and support for nursing practice, delegation, and regulatory compliance in Washington State.

Delegation Guidance and Standards

- [National Association of School Nurses](#): Delegation - Best practices for nursing delegation in school settings to support student health and safety.
- [National Guidelines for Nursing Delegation - National Council State Boards of Nursing \(NCSBN\) National Council of State Boards of Nursing](#): National delegation guidelines that help nurses understand legal and ethical responsibilities.
- [American Nurses Association and the National Council of State Boards of Nursing](#) Joint Statement on Delegation: Joint recommendations on nursing delegation and accountability.



Advisory Opinion: School Nurse 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: ARNPPpractice@doh.wa.gov Telephone: 360 236-4703

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- School Health Nursing Roles, [Office of the Superintendent of Public Instruction: Health Services Resources](#) - Washington health service guidelines, policies, and delegation standards for school nurses.
- [The School Health Services Team: Supporting Student Outcomes - National Association of School Nurses](#), A framework for integrating nursing care into schools.
- [Federal Educational Rights and Privacy Act \(FERPA\)](#)

DRAFT

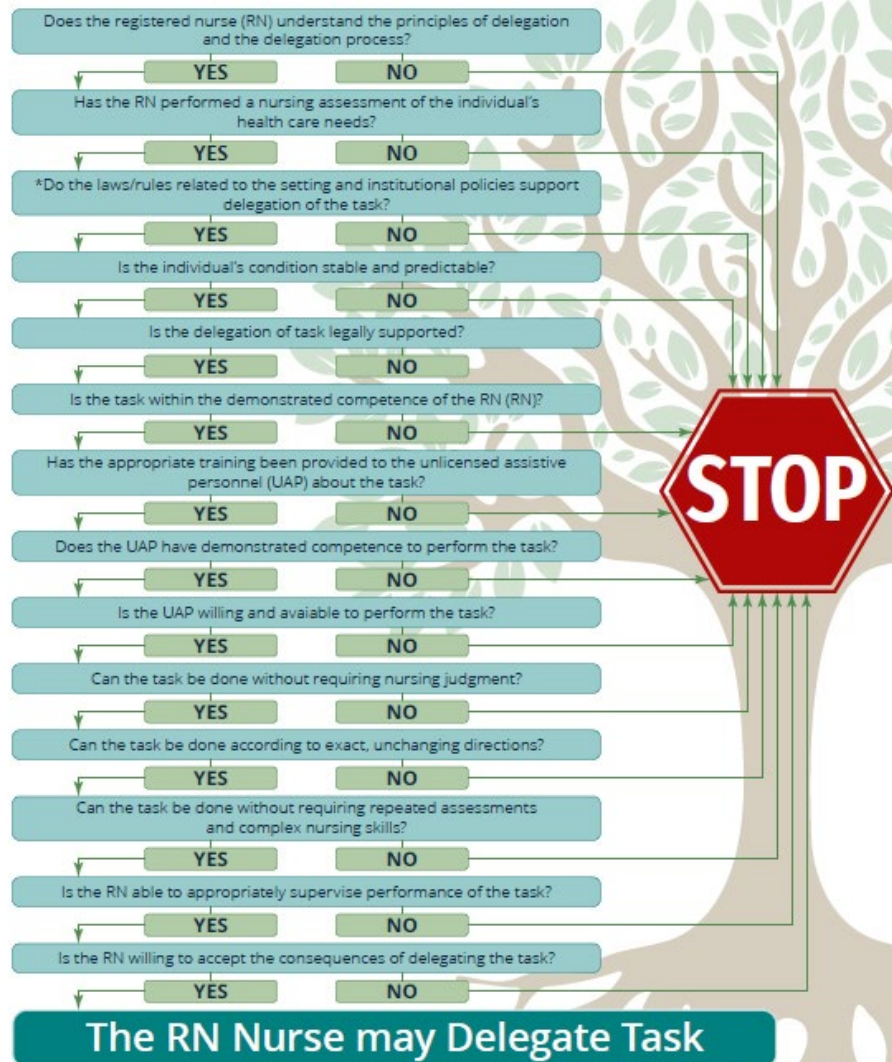


Advisory Opinion: School Nurse Delegation in Schools, K-12,
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Adopted: TBD
Reviewed/Revised: 7-11-2014, 7-12-2019, 1-14-2022
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REGISTERED NURSE (RN) DELEGATION DECISION TOOL



Addendum A



FREQUENTLY ASKED QUESTIONS (FAQs)

Category: Registered Nurse

Title: Anaphylaxis and Epinephrine Administration – Kindergarten-Twelve (K-12) Grades, Public and Private Schools

Can the school registered nurse (RN) delegate administration of epinephrine using (single-dose syringe, epinephrine auto injector (EAI), or intranasal) unlicensed assistive personnel (UAP) in public and private schools, kindergarten through twelve (K-12) grades?

No, a school RN cannot delegate injectable medications, including epinephrine, to a UAP in public and private schools, K-12 grades. However, [RCW 28A.210.383](#) provides an exception:

- Trained UAP may administer epinephrine from a school-supplied epinephrine auto injector (EAI) without RN delegation, if there is a prescription and standing order from an authorized healthcare practitioner.
- A school RN may train specific UAP to administer injectable epinephrine without needing to delegate this authority.

Can a student self-administer epinephrine using a single-dose, pre-filled syringe, epinephrine autoinjector (EAI) in public and private schools, kindergarten through twelve (K-12) grades?

Yes, [RCW 28A.210.370](#) allows self-administration of medications, including epinephrine, if the student meets the requirements under the treatment plan for anaphylaxis, and has a prescription from their health care practitioner. This may include self-administering epinephrine using a prefilled medication device, EAI, or intranasal device if authorized in the prescription.



Title: Opioid Overdose Reversal Medications (OORM) Advisory Opinion
Adopted: TBD
Reviewed/Revised: November 13, 2015, March 12, 2021
Rescinded:
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Opioid Overdose Reversal Medications (OORM) Advisory Opinion

Introduction

The purpose of this advisory opinion is to provide information and guidance about the licensed practical nurse (LPN), registered nurse (RN), advanced registered nurse practitioner (ARNP), nursing assistant-registered/nursing assistant-certified (NA-R/NA-C), and nurse technician (NT) scope of practice to store, dispense, administer, distribute, and deliver opioid overdose reversal medications (OORM).

Background

Nurses are on the frontlines of the opioid crisis, making a significant impact through prevention, early detection, patient education, and treatment of opioid use disorder. Their roles range from direct patient care and support to advocacy and leadership in policy reform. As the opioid epidemic continues to evolve, nurses remain vital to addressing its complex challenges. By leveraging their clinical expertise, compassion, and advocacy skills, nurses play an essential part in mitigating the devastating effects of opioid addiction and helping patients navigate the path to recovery. Frontline interventions such as education, OORM distribution, and Medication Assisted Treatment (MAT) case management roles have a significant role for nurses in opioid overdose prevention.

Opioid antagonists are used to reverse opioid overdose. Naloxone is the primary and accepted standard of care for opioid overdoses. Naloxone is approved by the Food and Drug Administration (FDA) 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: Rezenopy® (Naloxone), Kloxxado® (Naloxone), and Narcan® (Naloxone). Opvee® (Nalmefene) is another class of prescriptive OORM administered intranasally. Over the counter Naloxone intranasal spray is also available.



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Legal Background

Laws and rules that apply to the nurse's role in prevention and treatment of opioid overdoses include the following:

- [RCW 69.41.095](#) allows any person to lawfully possess, store, deliver, distribute, or administer OORM with a prescription or order issued by an [authorized practitioner](#). The law 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.
- [RCW 69.41.095](#) allows pharmacies and other entities to dispense and deliver OORM products following the [Naloxone State-Wide Standing Order](#). Individual facilities or organizations are allowed to issue a standing order approved by an [authorized practitioner](#) or staff to administer OORM.
- [RCW 69.41.095](#) does not require RN delegation for credentialed or non-credentialed UAP to possess, store, deliver, or distribute prescription or over the counter OORM following an order or standing order from an [authorized practitioner](#) by any route in any setting. While [RCW 69.41.095](#) does not require nursing delegation, [RCW 18.79.260](#) permits RN delegation of an intranasal OORM to the NA-R/NA-C or HCA-C for individuals only in community-based settings (adult family homes, assisted living facilities, and community residential programs for people with developmentally disabilities) and home care settings. The RN is not allowed to delegate injectable OORM in these settings. The LPN is not allowed to delegate to UAP in any setting.
- [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



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over the counter intranasal OORM (although delegation is not required) but does not allow delegation of OORM by injection.

Conclusion and Guidance

The Washington State Board of Nursing (WABON) supports overdose prevention and harm reduction efforts. The WABON encourages nurses and ARNPs to incorporate overdose 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](http://WashingtonStateDepartmentofHealth.org/OverdosePreventionRecognitionandResponse).

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

- Store, dispense, administer, distribute, and deliver prescription or over the counter OORM under the direction/orders of an [authorized practitioner](#) or. [Naloxone State-Wide Standing Order](#) to any person who may be present at a suspected 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 prescription or over the counter 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 (e.g., individuals, law enforcement, emergency medical technicians, family members, nurses, or service providers) in any setting.
- Enter into a [Collaborative Drug Therapy Agreement \(CDTA\)](#) with a pharmacist allowing the pharmacist to prescribe Naloxone directly to the public. The ARNP



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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.

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-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.

RN Delegation

Although RN delegation is not required, the RN may choose to delegate intranasal OORM:

- To the NA-R/NA-C or Home Care Aide-Certified (HCA-C) in community-based and home settings following the delegation process.
- Non-credentialed staff in K-12 grade schools (public and private).

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



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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.

References and Resources

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

- [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](#)



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- [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](#)

DRAFT



Title: Dermatological, Aesthetic, and Cosmetic Procedures Advisory Opinion

Adopted: TBD

Reviewed/Revised: 5/14/2021

Rescinded: Click to enter date rescinded.

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Advisory Opinion: Dermatological, Aesthetic, and Cosmetic Procedures

Introduction

This advisory opinion addresses practice expectations for the registered nurse (RN) and licensed practical nurse (LPN) practicing dermatological procedures, including subspecialties such as Medical and Surgical Dermatology (diagnosis and treatment of skin diseases), Aesthetic Dermatology (enhancing appearance, beauty and artistry through reconstructive procedures) and Cosmetic Dermatology (enhancing appearance through products and procedures).

Background

This advisory opinion is a response to increasing inquiries from nurses and healthcare settings regarding scope of practice, and legal considerations for nurses performing dermatological, aesthetic, and cosmetic procedures such as intravenous (IV) therapy, biological therapy, and weight loss treatments while highlighting concerns about patient safety and legal risks. Questions also arise related to starting a business. Examples of business start-ups include medical spas, wellness centers, holistic care centers, salons, IV hydration bars, private practice clinics, and mobile clinics.

Legal Background

Nursing laws and rules provide the foundation for the nursing scope of practice but do not specifically address dermatologic, aesthetic, or cosmetic procedures. The *Summary of Applicable Laws and Rules – Dermatological, Aesthetic, and Cosmetic Nursing Practice Table (XX-Page)* provides examples of laws and rules that apply to nursing scope of practice and health care setting requirements related to dermatologic, aesthetic, and cosmetic procedures.



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Adopted: **TBD**
Reviewed/Revised: 5/14/2021
Rescinded: Click to enter date rescinded.
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RN and LPN Scope of Practice

According to [RCW 18.79.240](#) and [18.79.260](#), RNs practice independently, performing procedures such as minor surgery and medical dermatology under the general direction of an authorized practitioner. They may delegate tasks as outlined in [Chapter 246-840 WAC](#):

LPNs work dependently or interdependently under the supervision of an RN or authorized practitioners, focusing on routine care in stable situations or assisting in complex procedures. [Authorized practitioners include a licensed physician and surgeon, dentist, osteopathic physician and surgeon, physician assistant, podiatric physician and surgeon, advanced registered nurse practitioner, registered nurse, or midwife. RCW 18.79.060 and RCW 18.79.270.](#) LPNs cannot delegate tasks but may supervise nursing assistants in routine care. [WAC 246-840-705.](#)

Standards of Care

All nurses are accountable for the quality of nursing care they give to patients. Under chapter 246-840 WAC, nurses are responsible for maintaining competency, obtaining supervision before implementing new procedures, documenting the care they give, and communicating with members of the health care team. The RN and LPN must follow the Health Care Information Act ([Chapter 70.02 RCW](#)).

Supervision

WAC 246-840-010 defines supervision requirements for LPNs, including guidance, evaluation, and corrective action to ensure safe care. LPNs require supervision by an RN or [authorized health care practitioner](#). Supervision involves the initial direction, guidance, evaluation, and corrective action for the nursing task or activity.



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Delegation Exceptions

The RN may delegate some nursing tasks to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) with limitations. [RCW 18.79.260](#) and [RCW 18.79.260](#) define tasks that cannot be delegated including:

1. Administration of medications (with exceptions in community-based and in-home care settings).
2. Acts that require nursing judgment.
3. Sterile procedures.
4. Central line maintenance.
5. Any activity that involves puncturing or severing the skin except for capillary blood glucose tests.

Conclusions and Guidance

The RN or LPN must adhere to the nursing laws and rules and practice standards for nurses performing dermatological, aesthetic, or cosmetic procedures in any setting. The nurse must be knowledgeable and follow all other state and federal laws that may be applicable. WABON recommends the nurse use the [WABON Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Policy Requirements

WABON recommends establishing facility policies for assessment and follow-up when an assessment is required and instructions to follow up with the [authorized health care practitioner](#) when there are concerns about the appropriateness of a care directive for a specific patient. If the nurse determines the care directive should not be implemented, the [authorized health care practitioner](#) must be notified, and the discussion and outcome(s) must be documented. Additionally, care directions should be established from the authorized prescriber to carry out interventions or administer medications in the event of unintended care outcomes.



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Documentation and Communication

- The nurse must appropriately document the care they provide and maintain confidentiality following state and federal privacy laws and rules.
- Ensure care directives and outcomes are properly documented.
- Communicates (verbally or in writing) with LPN and other health care practitioners/health care team as appropriate.

Foundational Principles of Direction, Delegation, and Supervision

- RNs may independently perform these procedures under the direction of an [authorized health care practitioner](#) using patient-specific or population-based standing orders.
- RNs may also administer or use over the counter medications or devices based on the nursing process without direction of an [authorized health care practitioner](#).
- LPNs may perform similar procedures under the direction and supervision of an RN or [authorized health care practitioner](#), limited to routine nursing situations that are relatively free of complexity, or may act as an assistant to an RN or [authorized health care practitioner](#).
- LPNs may administer or use over the counter medications or devices only under the direction and supervision of an [authorized health care practitioner](#) or RN.
- RNs must understand delegation principles and follow state laws.
- RN delegation to the NA-R/NA-C specific tasks (if it is allowed in law) if the patient's condition is stable and predictable and considering whether it is safe to delegate the task to the UAP for that specific patient. WABON recommends the RN use the [RN Delegation Scope of Practice Decision Tool](#).
- Maintain appropriate supervision standards for dermatologic, aesthetic, and cosmetic procedures.

Prescribing Medication, Therapies, or Treatments

- The RN or LPN cannot medically diagnose, determine medical treatment, administer, or prescribe legend drugs, biologics, or use prescription medical



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devices without orders/prescriptions from an [authorized health care practitioner](#).

- If working in a setting where a patient seeks treatment independently, the nurse can only perform these procedures requiring prescription medications, biologics, or medical devices ONLY if prescribed by an [authorized health care practitioner](#).

References and Resources

- [Hot Topics | Washington State Board of Nursing - Aesthetics Resources](#)
- [Plastic and Aesthetic Nursing Practice Standards: American Nurses Association](#)
- [Dermatology Nurses' Association](#)
- [International Society of Plastic and Aesthetic Nurses](#)

See the Summary of Applicable Laws and Rules Table for Additional References and References (Page 6).



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Adopted: **TBD**
Reviewed/Revised: 5/14/2021
Rescinded: Click to enter date rescinded.
RN, LPN, NT, and NA: [Nursing Practice Inquiry](#)
ARNP: ARNPPPractice@doh.wa.gov Telephone: 360 236-4703

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Summary of Applicable Laws and Rules

Dermatological, Aesthetic, and Cosmetic Nursing Practice

The following are examples of laws and rules that apply to nursing and health care setting requirements related to dermatologic, aesthetic, and cosmetic procedures regardless of setting. These may not be inclusive.

WABON recommends consultation with a legal professional.

Registered Nurse	RCW 18.79.040: RN Practice RCW 18.79.240: Construction RCW 18.79.260: RN – Activities Allowed – Delegation of Tasks RCW 18.79.280: Medication, Tests, Treatments Allowed WAC 246-840-010: Definitions WAC 246-840-700: Standards of Nursing Conduct or Practice WAC 246-840-705: Functions of a RN and LPN WAC 246-840-835: Nurse Delegation – Blood Glucose Monitoring and Testing in Settings other than Community-Based and In-Home Care WAC 246-840-910 Delegation RCW 18.71.011: Definition of the Practice of Medicine	<ul style="list-style-type: none">• Perform nursing assessment, diagnosis, care, and health education.• Allowed to administer legend drugs and medical treatments including those requiring piercing of tissue and independent nursing judgment as directed by an authorized health care practitioner within the RN’s scope of practice.• The authorized health care practitioner does not need to be physically present.• Practices nursing care independently and performs medical procedures interdependently and does not require supervision.• Allowed to delegate to unlicensed assistive personnel following the delegation process and laws/rules specific to credential and/or setting.
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Summary of Applicable Laws and Rules

Dermatological, Aesthetic, and Cosmetic Nursing Practice

The following are examples of laws and rules that apply to nursing and health care setting requirements related to dermatologic, aesthetic, and cosmetic procedures regardless of setting. These may not be inclusive.

WABON recommends consultation with a legal professional.

Licensed Practical Nurse	RCW 18.79.060: LPN Practice – Defined - Exceptions WAC 246-840-010: Definitions WAC 246-840-700: Standards of Nursing Conduct or Practice WAC 246-840-705: Functions of a RN and LPN WAC 246-840-705: Functions of a RN and LPN RCW 18.71.011: Definition of the Practice of Medicine	<ul style="list-style-type: none">• Practices interdependently when providing nursing care and dependently when performing medical procedures.• Perform activities under the direction and supervision of an RN or authorized health care practitioner.• Perform activities in a routine nursing situation that is relatively free of complexity, the clinical and behavioral state of the client is relatively stable, and requires care based upon a comparatively fixed and limited body of knowledge.• Allowed to administer legend drugs and medical treatments including those requiring piercing of tissue and independent nursing judgment within the LPN's scope of practice.• The authorized health care practitioner does not need to be physically present. Physician law defines the practice of medicine to include administering or prescribes drugs, makes a medical diagnosis or provide medical treatment, and perform any activity that severs or penetrates tissues.• Not allowed to delegate to UAP in any setting.
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Summary of Applicable Laws and Rules Dermatological, Aesthetic, and Cosmetic Nursing Practice <i>The following are examples of laws and rules that apply to nursing and health care setting requirements related to dermatologic, aesthetic, and cosmetic procedures regardless of setting. These may not be inclusive.</i> WABON recommends consultation with a legal professional.		
Supervision Requirements and Exceptions	WAC 246-919-605: Use of Laser, Light, Radiofrequency, and Plasma Devices as Applied to the Skin WAC 246-919-606: Nonsurgical Medical Cosmetic Procedures	<ul style="list-style-type: none"> There is a requirement in the physician rules for nursing supervision by a physician when performing non-surgical cosmetic procedures or use of laser, light, radiofrequency, and plasma devices applied to the skin.
Prescriptive Authority	Chapter 69.41: Definitions	<ul style="list-style-type: none"> RNs and LPNs cannot prescribe, administer, or dispense prescription medications, biologics, or medical devices unless directed by an authorized health care practitioner. They are allowed to follow patient-specific or population-based standing orders.
Informed Consent/Consent for Care	RCW 7.70.065: Informed Consent Chapter 26.28 RCW: Age of Majority WAC 246-919-605: Use of Laser, Light, Radiofrequency, and Plasma Devices as Applied to the Skin WAC 246-919-606: Nonsurgical Medical Cosmetic Procedures	<ul style="list-style-type: none"> The Informed Consent law addresses informed consent but lacks specificity for dermatological procedures. Physician law stipulates the requirements for informed consent related to non-surgical cosmetic procedures or use of laser, light, radiofrequency, and plasma devices applied to the skin. The legal age of an adult is 18 years old. Unless there is an exception in the law, consent by the parent or legal guardian is required for individuals under 18 years of age.



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 Reviewed/Revised: 5/14/2021
 Rescinded: Click to enter date rescinded.
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Summary of Applicable Laws and Rules Dermatological, Aesthetic, and Cosmetic Nursing Practice <i>The following are examples of laws and rules that apply to nursing and health care setting requirements related to dermatologic, aesthetic, and cosmetic procedures regardless of setting. These may not be inclusive.</i> WABON recommends consultation with a legal professional.		
Privacy and Confidentiality	Chapter 70.02 RCW: Medical Records – Health Care Information Access and Disclosure WAC 246-840-700: Standards of Nursing Conduct and Practice Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule	<ul style="list-style-type: none"> • Mandates confidentiality and privacy of health care information. • The nursing rules require the nurse to protect confidential information.
Medication Management	WAC 246-945-100: Compounding Minimum Standards eCFR: 21 CFR 205.50 Minimum Requirements for Storage and Handling of Prescription Drugs and for the Establishment and Maintenance of Prescription Drug Distribution Records	<ul style="list-style-type: none"> • The nurse must follow U.S. compounding requirements. Compounded products are not approved by the Food and Drug Administration (FDA). • The nurse must follow storage, handling, and documentation requirements for prescription drugs. • Washington law does not address prohibit the use of off-label drugs or biologics Off-label use occurs when an FDA-approved drug or biologic is used outside of its approved label.
Importation and Purchasing Drugs	RCW 18.64.450: Health Care Entity – License Requirements for Legend	<ul style="list-style-type: none"> • Pharmacy law outlines requirements for a health care entity regarding purchasing, administering, dispensing, and delivering drugs. A health care entity does not include an individual practitioner’s office or multi-practitioner



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Summary of Applicable Laws and Rules Dermatological, Aesthetic, and Cosmetic Nursing Practice <i>The following are examples of laws and rules that apply to nursing and health care setting requirements related to dermatologic, aesthetic, and cosmetic procedures regardless of setting. These may not be inclusive.</i> WABON recommends consultation with a legal professional.		
	Drugs and Controlled Substances - Exception 21 U.S.C. 384 Drug Supply Chain Security Act (DSCSA): FDA	clinic. <ul style="list-style-type: none"> The nursing law and other state laws do not address purchasing drugs from manufacturers or suppliers. Federal law defines requirements for importation of prescription drugs from other countries. Washington state currently has no waivers for importing drugs from other countries. DSCSA outlines requirements, and traces pharmaceutical products within the U.S. supply chain.
Workplace Safety	Washington State Safety and Health Law Occupational Safety and Health Administration (OSHA) - Blood Borne Pathogens	<ul style="list-style-type: none"> Nurses must comply with state and federal laws and rules related to workplace safety.
Corporate Practice of Medicine	Chapter 18.100 RCW: Professional Service Corporations	<ul style="list-style-type: none"> An individual who does not hold a health care license may not own a business that employs health care professionals to provide health care services to the public.
Health Care Entity	RCW 18.64.450: Health Care Entity – License Requirements for Legend	<ul style="list-style-type: none"> A health care entity is an organization that provides health care services in a non-licensed setting that acquires or possesses legend drugs, with exceptions for individual and multi-practitioner offices unless licensed as a



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Summary of Applicable Laws and Rules Dermatological, Aesthetic, and Cosmetic Nursing Practice <i>The following are examples of laws and rules that apply to nursing and health care setting requirements related to dermatologic, aesthetic, and cosmetic procedures regardless of setting. These may not be inclusive.</i> WABON recommends consultation with a legal professional.		
	Drugs and Controlled Substances - Exception	health care entity.
Staffing and Performance of Nursing Activities	Chapter 246-841A WAC: Standards of Practice and Competencies for Nursing Assistants RCW 18.360 RCW: Medical Assistants 246-827 WAC: Medical Assistants	<ul style="list-style-type: none"> • NA-Rs/NA-Cs may perform basic and routine nursing care within their core competencies under the direction and supervision of an RN or LPN. • The RN is allowed to delegate tasks to the NA-R/NA-C. Delegation is not allowed for any task in a medical spa, wellness center, mobile clinic, salon, IV bar, or private clinic: <ul style="list-style-type: none"> ○ Requiring sterile technique. ○ Requiring nursing judgment. ○ Administration of medications. ○ Any activity that involves puncturing or severing the skin except for capillary blood glucose tests. 1. The RN may delegate and supervise the medical assistant (MA) activities within the MA's scope of practice • The RN and LPN are not allowed to delegate nursing care tasks to non-credentialed staff in a medical spa, wellness center, salon, IV bar, mobile clinic, home settings, or private clinic.
Marketing and Advertising	Chapter 9.04 RCW: Advertising, Crimes Relating to Federal Trade Commission (FTC)	<ul style="list-style-type: none"> • The nurse must comply with the state and federal laws to avoid misleading claims. • Washington state laws and rules do not prohibit RNs or LPNs from starting



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Summary of Applicable Laws and Rules

Dermatological, Aesthetic, and Cosmetic Nursing Practice

The following are examples of laws and rules that apply to nursing and health care setting requirements related to dermatologic, aesthetic, and cosmetic procedures regardless of setting. These may not be inclusive.

WABON recommends consultation with a legal professional.

		<p>their own businesses including private practice clinics (such as medical spas, wellness centers, holistic centers, or mobile clinics), which do not require facility licensing.</p> <ul style="list-style-type: none">• WABON does not have the authority to oversee business requirements, facility requirements, or reimbursement for services.• Nurses may have a private contract with facilities or work through a staffing agency.
Entrepreneurship	Title 23B RCW: Washington Business Corporation Act	<ul style="list-style-type: none">• Washington State laws and rules do not address requirements for a medical director in a medical spa, wellness clinic, mobile, clinic, or private clinic.• Although the setting does not require a medical director, there must be a relationship between an authorized health care practitioner who is responsible for directing prescription treatments to the RN or LPN.



FREQUENTLY ASKED QUESTIONS (FAQs)

Category: Registered Nurse (RN)

Title: Dermatologic, Aesthetic, and Cosmetic Procedures

Can the registered nurse (RN) perform dermatologic, aesthetic, or cosmetic procedures?

Yes, it may be within the RN's scope of practice to perform dermatologic, aesthetic, or cosmetic procedures under the direction and supervision of an [authorized health care practitioner](#) or registered nurse. See WABON's [Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#) for more information.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the registered nurse (RN) administer Botox® under the direction of a dentist?

Yes, it may be within the RN's scope of practice to take direction for a medical regimen from a dentist ([RCW 18.79.040](#)). A dentist may prescribe neuromodulators (such as Botox®) or dermal fillers when it's used to treat functional esthetic dental conditions and their direct esthetic consequences. See the [Washington State Department of Health: Administration of Anesthetic Agents for Dental Procedures](#) for more information.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the registered nurse (RN) administer laser treatment for dermatologic, aesthetic, or cosmetic procedures?

Yes, it may be within the RN's scope of practice to perform laser therapy for dermatologic, aesthetic, or cosmetic purposes. See WABON's [Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#) for more information.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.



Does the registered nurse (RN) require an aesthetician's license to perform laser treatment for dermatologic, aesthetic, or cosmetic procedures?

No, the RN doesn't require additional licensure as an aesthetician to perform laser therapy for dermatologic, aesthetic, or cosmetic purposes.

Does the registered nurse (RN) require a special certificate or approval by WABON to perform dermatologic, aesthetic, or cosmetic procedures?

No, the laws and rules do not require a special certificate to perform cosmetic or aesthetic. The nurse must be competent, and a certificate may be one method to demonstrate training, knowledge, skills, and abilities. A facility or employer may require a specific certification or training program. See WABON's [Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#) for more information.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the registered nurse (RN) administer Botox® or inject medications for sclerotherapy, or dermal fillers?

Yes, it may be within the RN's scope of practice to administer neuromodulators (such as Botox®, Dysport®, or Xeomin®) or administer medications for sclerotherapy, or dermal fillers under the direction of [authorized health care practitioner](#). The nurse should be aware of the Washington Medical Commissions [WAC 246-919-606 Nonsurgical Medical Cosmetic Procedures](#). See the [Cosmetic/Aesthetic Dermatologic Procedures Advisory Opinion](#) for more information.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the registered nurse (RN) perform laser treatment for cosmetic purposes?

Yes, it may be within RN's scope of practice to perform laser therapy for cosmetic purposes under the direction of an [authorized health care practitioner](#). The nurse should be aware of the Washington Medical Commission's [WAC 246-919-605 Use of Laser, Light, Radiofrequency, and Plasma \(LLRP\) Devices as Applied to the Skin](#) requirements for physicians. See the [Cosmetic/Aesthetic Dermatologic Procedures Advisory Opinion](#) for more information.



WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

See WABON's [Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#) for more information.

Can the registered nurse (RN) apply eyelash extensions?

Yes, it may be within the scope of the RN to apply eyelash extensions as an intervention based on nursing assessment and nursing diagnosis. See WABON's [Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#) for more information.

The Food and Drug Administration (FDA) approves cosmetics. No color additives are approved by the FDA for permanent dyeing or tinting of eyelashes or eyebrows. False eyelashes and extensions, as well as their adhesives, must meet the safety and labeling requirements for cosmetics.

[Food and Drug Administration's website, Using Eye Cosmetics Safely](#)

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the registered nurse (RN) perform thermage?

Yes, it may be within the RN's scope of practice to administer thermage under the direction of an [authorized health care practitioner](#). See WABON's [Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#) for more information.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the registered nurse (RN) perform facial chemical peels?

Yes, it may be within the RN's scope of practice to perform facial chemical peels under the direction of an [authorized health care practitioner](#). See WABON's [Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#) for more information.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the registered nurse (RN) perform tattoo removal?



Yes, it may be within the RN's scope of practice to perform tattoo removal under the direction of an [authorized health care practitioner](#). See WABON's [Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#) for more information. The nurse should be aware of the Washington Medical Commission's [WAC 246-919-605 Use of Laser, Light, Radiofrequency, and Plasma \(LLRP\) Devices as Applied to the Skin](#) requirements for physicians.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the registered nurse (RN) administer regenerative injection therapy, such as stem cell therapy, platelet-rich plasma (PRP), platelet-rich fibrin, prolotherapy cartilage regeneration, or viscosupplementation?

Yes, it may be within the RN's scope of practice to administer regenerative injection therapy, such as stem cell therapy, platelet-rich plasma (PRP), platelet-rich fibrin, prolotherapy cartilage regeneration, or viscosupplementation under the direction of an [authorized health care practitioner](#). The nurse should be aware that not all regenerative injection therapies are approved by the Food and Drug Administration (FDA) and this means the biologic would be given "off-label". The laws and rules do not prohibit administration of "off-label" biologics. See WABON's [Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#) for more information.

[Understanding Unapproved Use of Approved Drugs "Off Label" | FDA](#)
[Important Patient and Consumer Information About Regenerative Medicine Therapies | FDA](#)
[Biologics Guidances | FDA](#)
[Stem Cell and Exosome Products | Health Associated Infections | Centers for Disease Control and Prevention](#)
[Best Practice Standards for Stem Cell Medicine | International Cellular Medicine Society](#)

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.



Title: Dermatologic, Aesthetic, and Cosmetic Procedures FAQ-LPN
Adopted: **TBD**
Reviewed/Revised: 9/14/2018
Rescinded:
NursingPractice@doh.wa.gov
ARNPPPractice@doh.wa.gov Telephone: 360 236-4703

FREQUENTLY ASKED QUESTIONS (FAQs)

Category: Licensed Practical Nurse (LPN)

Title: Dermatologic, Aesthetic, and Cosmetic Procedures

Can the licensed practical nurse (LPN) perform dermatologic, aesthetic, or cosmetic procedures?

Yes, it may be within the LPN's scope of practice to perform dermatologic, aesthetic, or cosmetic procedures under the direction and supervision of an [authorized health care practitioner](#) or registered nurse. See WABON's [Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#) for more information.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the licensed practical nurse (LPN) administer Botox® under the direction and supervision of a dentist?

Yes, it may be within the LPN's scope of practice to perform medical regimens under the direction and supervision of a dentist ([RCW 18.79.060](#)). A dentist may prescribe neuromodulators (such as Botox®) or dermal fillers when it's used to treat functional esthetic dental conditions and their direct esthetic consequences. See the [Washington State Department of Health: Administration of Anesthetic Agents for Dental Procedures](#) for more information.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the licensed practical nurse (LPN) perform laser treatment for dermatologic, aesthetic, or cosmetic purposes?

Yes, it may be within the LPN's scope of practice to perform laser therapy for dermatologic, aesthetic, or cosmetic purposes under the direction and supervision of an [authorized health care practitioner](#) or registered nurse([RCW 18.79.060](#)). See WABON's [Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#) for more information.



WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Does the licensed practical nurse (LPN) require an aesthetician's license to perform laser treatment for dermatologic, aesthetic, or cosmetic purposes?

No, the LPN does not require additional licensure under [Chapter RCW 18.16](#) as an esthetician to perform laser therapy for dermatologic, aesthetic, or cosmetic purposes within their existing scope of practice.

Does the licensed practical nurse (LPN) require a special certificate to perform dermatologic, aesthetic, or cosmetic procedures?

No, there is no law requiring a special certificate for an LPN to perform dermatologic, aesthetic, or cosmetic procedures within the nursing scope of practice. The nurse must be competent, and a certificate may be one method to demonstrate training, knowledge, skills, and abilities. A facility or employer may require a specific certification or training program. See WABON's [Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#) for more information.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the licensed practical nurse (LPN) administer Botox® or inject medications for sclerotherapy, or dermal fillers?

Yes, it may be within the LPN's scope of practice to administer neuromodulators (such as Botox®, Dysport®, or Xeomin®) or administer medications for sclerotherapy, or dermal fillers under the direction and supervision of [authorized health care practitioner](#). The nurse should be aware of the Washington Medical Commissions [WAC 246-919-606 Nonsurgical Medical Cosmetic Procedures](#). See the [Cosmetic/Aesthetic Dermatologic Procedures Advisory Opinion](#) for more information.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the licensed practical nurse (LPN) perform laser treatment for cosmetic purposes?

Yes, it may be within LPN's scope of practice to perform laser therapy for cosmetic purposes under the direction and supervision of an [authorized health care practitioner](#).



The nurse should be aware of the Washington Medical Commission's [WAC 246-919-605 Use of Laser, Light, Radiofrequency, and Plasma \(LLRP\) Devices as Applied to the Skin](#) requirements for physicians. See the [Cosmetic/Aesthetic Dermatologic Procedures Advisory Opinion](#) for more information. See WABON's [Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#) for more information.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the licensed practical (LPN) apply eyelash extensions?

Yes, it may be within the LPN's scope of practice to apply eyelash extensions under the direction and supervision of an [authorized health care practitioner](#) or registered nurse. See WABON's [Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#) for more information.

The Food and Drug Administration (FDA) approves cosmetics. No color additives are approved by the FDA for permanent dyeing or tinting of eyelashes or eyebrows. False eyelashes and extensions, as well as their adhesives, must meet the safety and labeling requirements for cosmetics.

[Food and Drug Administration's website, Using Eye Cosmetics Safely](#)

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the licensed practical nurse (LPN) perform thermage?

Yes, it may be within the LPN's scope of practice to administer thermage under the direction and supervision of an [authorized health care practitioner](#). See WABON's [Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#) for more information.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the licensed practical nurse (LPN) perform facial chemical peels?

Yes, it may be within the LPN's scope of practice to perform facial chemical peels under the direction and supervision of an [authorized health care practitioner](#). See WABON's [Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#) for more information.



WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the licensed practical nurse (LPN) perform tattoo removal?

No, WABON determines that this is not in the LPN's scope of practice to perform tattoo removal. The LPN may assist an [authorized health care practitioner](#) or registered nurse in removing a tattoo within the LPN's scope of practice. See WABON's [Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#) for more information.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the licensed practical nurse (LPN) administer regenerative injection therapy, such as stem cell therapy, platelet-rich plasma (PRP), platelet-rich fibrin (PRF), prolotherapy cartilage regeneration, or viscosupplementation?

No, WABON determines that it is not in the LPN's scope of practice to perform regenerative injection therapy such as stem cell therapy, PRP, PRN, prolotherapy cartilage regeneration, or viscosupplementation. The LPN may assist an [authorized health care practitioner](#) or registered nurse in performing these activities within the LPN's scope of practice. The nurse should be aware that not all regenerative injection therapies are approved by the Food and Drug Administration (FDA) and this means the biologic would be given "off-label". The laws and rules do not prohibit administration of "off-label" biologics. See WABON's [Dermatologic, Aesthetic, and Cosmetic Procedures Advisory Opinion](#) for more information.

[Understanding Unapproved Use of Approved Drugs "Off Label" | FDA](#)
[Important Patient and Consumer Information About Regenerative Medicine Therapies | FDA](#)
[Biologics Guidances | FDA](#)
[Stem Cell and Exosome Products | Health Associated Infections | Centers for Disease Control and Prevention](#)
[Best Practice Standards for Stem Cell Medicine | International Cellular Medicine Society](#)

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.



FREQUENTLY ASKED QUESTIONS (FAQs)

Registered Nurse (RN)

Category: Telehealth Services and Telemedicine Training Requirements

Is the registered nurse (RN) required to take telemedicine training if providing services via telemedicine?

Yes. The RN is required to take telemedicine training if providing services via telemedicine ([RCW 43.70.495](#)). This also applies to nurses licensed in other member Nurse Licensure Compact (NLC) states who are practicing nursing using their multi-state license (MSL) caring for patients in Washington State. Telemedicine defined in [RCW 70.41.020\(15\)](#) means, “the delivery of health care services through the use of 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 [but] does not include the use of audio-only telephone, facsimile, or email.”

[Telehealth in Washington State | Washington State Department of Health](#)

Does the telemedicine training requirement apply to the registered nurse (RN) who provides telehealth via the telephone?

No, telemedicine training requirement is not required for audio-only services via telephone, facsimile, or email. See definition of “telemedicine” at RCW 70.41.020(15). However, the Washington State Board of Nursing (WABON) recommends nurses complete the telemedicine training if they provide services such as telephone triage, remote patient monitoring (“RPM”), asynchronous telehealth (such as Store and Forward technology that allows patient data to be collected, stored, and later retrieved by another professional), Mobile Health (mHealth), using smart devices such as smartphones and smart wearables that allow continuous data collection about a person’s behavior or condition, or other types of telehealth. Training helps ensure understanding of the roles, responsibilities, liability, and legal requirements when providing telehealth services.

[Telehealth in Washington State | Washington State Department of Health](#)

Does the telemedicine training requirement apply to the registered nurse (RN) who provides Virtual Directed Observed Therapies (VDOT)?



VDOT is the use of a videophone or other video/computer equipment to observe the patient taking their medications remotely.

- Yes, the RN providing synchronous (real-time audio and video) VDOT is required to take the telemedicine training.
- No, the RN providing asynchronous (store-and-forward) VDOT is not required to take the training.

The Washington State Board of Nursing (WABON) recommends all RNs take the training. [Video Directly Observed Therapy for Local Health Jurisdictions Using SureAdhere Telehealth in Washington State | Washington State Department of Health](#)

Does the registered nurse (RN) need to send in attestation of completion of telemedicine training to the Washington State Board of Nursing (WABON)?

No, the RN does not need to send the attestation of completion to the WABON unless requested. [RCW 43.70.495](#)(3)(b) requires the RN to sign and retain an attestation of completion.

When is the newly registered nurse (RN) required to complete telemedicine training?

The newly licensed RN will need to meet the requirement one year after the initial license is issued ([RCW 43.70.495](#)). This also applies to nurses licensed in other member Nurse Licensure Compact (NLC) states who are practicing nursing using their multi-state license (MSL) caring for patients in Washington State using telemedicine. WABON recommends all Washington nurses complete telemedicine training as a demonstration of competence as soon as practical to provide an overview of the roles, responsibilities, liability, and legal requirements for providing telehealth services.

Does telemedicine training taken by the registered nurse (RN) taken prior to January 1, 2021, meet the telemedicine training requirement?

Yes, telemedicine training taken prior to January 1, 2021 meets the requirement if it includes the content defined in [RCW 43.70.495](#).

See the [Washington State Telehealth Collaborative Training page](#).

To access free telemedicine training, go to: [Washington State Medical Professional Telemedicine Training](#).

What are the options for the registered nurse (RN) to meet telemedicine training requirements?



For details on available training, options, and resources, visit the [Washington State Telehealth Collaborative Training page](#). To access free telemedicine training, go to the [Washington State Medical Professional Telemedicine Training page](#).

Can the registered nurse (RN) provide care using telehealth services with a multistate license (MSL) to patients in Washington State and in member states and territories?

Yes, the RN with a MSL may provide care using telehealth services to patients in Washington State and member states. The RN must follow the laws in the state where the patient is located ([RCW 18.80.020](#)) and must check with non-MSL states to determine if they can provide care to a patient in that state without a license in that state.

[Telehealth in Washington State | Washington State Department of Health](#)

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the registered nurse (RN) licensed in another state without a Washington State or multistate license (MSL) provide telehealth nursing services to a patient in Washington?

The Uniform Telehealth Act ([RCW 18.134.050](#)) allows the RN licensed in another state without a Washington state or MSL to provide nursing services within their scope of practice to a patient **temporarily** in Washington State to ensure continuity of care under the direction of an [authorized healthcare practitioner](#) as long as the patient received treatment in the state where the [authorized healthcare practitioner](#) is licensed.

“Telehealth” does not include the standalone use of email, instant messaging, text messaging, or FAX. See RCW 18.134.010(9).

[Telehealth in Washington State | Washington State Department of Health](#)

[Nursing Telehealth Practice: Registered Nurse, Licensed Practical Nurse, Nursing Technician, and Nursing Assistant Advisory Opinion](#)

Can the registered nurse (RN) located in another country with a Washington State license provide telehealth nursing services to a patient in Washington?

Yes, the RN located in another country with a Washington State nursing license may provide telehealth services to a patient in Washington State. The RN must follow all applicable laws and rules and practice standards.

[Health Insurance Portability and Accountability Act of 1996 \(HIPAA\) | CDC](#)



[Federal Education and Privacy Act \(FERPA\)](#)
[Healthcare Information Technology for Economic and Clinical Health Act \(HITECH\)](#)
[eCFR :: 38 CFR 17.417 -- Health Care Providers Practicing via Telehealth](#)
[Telehealth in Washington State | Washington State Department of Health](#)

Can the registered nurse (RN) follow standing orders when providing telehealth services?

Yes, the RN may provide telehealth nursing services within their scope of practice in Washington state following standing orders approved by an [authorized healthcare practitioner](#).

[Standing Orders Advisory Opinion](#)

[Telehealth in Washington State | Washington State Department of Health](#)

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, practice standards, and other applicable factors.

Does the registered nurse (RN) need to be compliant with privacy and confidentiality laws and rules when they are providing telehealth services?

Yes, the RN must follow all health care confidentiality and privacy laws and rules regardless of the setting in which telehealth services are provided.

[Health Care Accountability and Portability Act \(HIPAA\)](#)

[Federal Education and Privacy Act \(FERPA\)](#)

[Healthcare Information Technology for Economic and Clinical Health Act \(HITECH\)](#)

[eCFR :: 38 CFR 17.417 -- Health Care Providers Practicing via Telehealth](#)

Can the registered nurse (RN) provide direction and supervision to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) via telehealth modalities?

Yes, the RN may use telehealth modalities to provide direction and supervision to the NA-R/NA-C but must exercise nursing judgment to determine whether using telehealth is appropriate or, if face-to-face direction and supervision is required. The RN should evaluate the type of care being directed and prioritize patient safety when deciding on the type of supervision needed. Telehealth may not be appropriate in some circumstances.

[Telehealth in Washington State | Washington State Department of Health](#)

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.



Can the registered nurse (RN) delegate tasks to unlicensed assistive personnel (UAP) using telehealth modalities?

Yes, the RN may use telehealth modalities to delegate tasks to UAP following the nursing delegation process but must exercise nursing judgment to determine what aspects of the initial, ongoing assessment, supervision, and evaluation need to be done face-to-face. Telehealth may not be appropriate in some circumstances. ([RCW 18.79](#), [WAC 246-840](#), [RCW 18.88A](#), [WAC 246-841](#)).

Are there setting limitations or types of telehealth that the registered nurse (RN) can use telehealth services to provide care?

No, laws and rules do not limit the setting where the RN can provide telehealth services. The nurse must comply with state and federal laws and rules regardless of setting or telehealth modalities used.

[What is Telehealth? – Center for Connected Health Care Policy \(CCHP\)](#)

[What are Different Types of Telehealth? – Human Health Services \(HHS\)](#)

What principles and practice standards must the registered nurse (RN) follow when providing telehealth care services?

The RN must follow established telehealth principles, standards, and legal guidelines to ensure compliance and quality care. Key resources include:

[Principles of Practice: Telehealth as an Imperative Modality of Care – American Telemedicine Association \(ATA\)](#)

[Best practice Guides: Telehealth – Human Health services \(HHS\)](#)

[Telehealth Educational and Training Standards – HHS](#)

[Telehealth Policy – HHS.gov](#)

[HIPAA Rules for Telehealth Technology – HHS](#)

[Licensure for Telehealth – HHS](#)

[Billing for Telehealth – HHS](#)



FREQUENTLY ASKED QUESTIONS (FAQs)

Licensed Practical Nurse (LPN)

Category: Telehealth Services and Telemedicine Training Requirements

Is the licensed practical nurse (LPN) required to take telemedicine training?

The LPN is required to take telemedicine training if providing services via telemedicine ([RCW 43.70.495](#)). This also applies to nurses licensed in other member Nurse Licensure Compact (NLC) states who are practicing nursing using their multi-state license (MSL) caring for patients in Washington State. Telemedicine defined in [RCW 70.41.020\(15\)](#) means, “the delivery of health care services through the use of 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 [but] does not include the use of audio-only telephone, facsimile, or email.”

WABON recommends all Washington nurses complete telemedicine training as a demonstration of competence as soon as practical to provide an overview of the roles, responsibilities, liability, and legal requirements for providing telehealth services.

[Telehealth in Washington State | Washington State Department of Health](#)

Does the telemedicine training requirement apply to the licensed practical nurse (LPN) who provides telehealth services via the telephone?

No, the telemedicine training requirement does not apply to audio-only telephone (telephone triage), facsimile, or email. See definition of “telemedicine” at [RCW 70.41.020\(15\)](#). However, the Washington State Board of Nursing (WABON) recommends nurses complete the telemedicine training if they provide services such as telephone triage, remote patient monitoring (“RPM”), which enables recording and monitoring health data remotely), asynchronous telehealth (such as Store and Forward technology that allows patient data to be collected, stored, and later retrieved by another professional), Mobile Health (“mHealth,” using smart devices such as smartphones and smart wearables that allow continuous data collection about a person’s behavior or condition) or other types of telehealth. Telemedicine training provides a valuable overview of the roles, responsibilities, liability, and legal requirements when providing telehealth services.

[Telehealth in Washington State | Washington State Department of Health](#)



Does the telemedicine training requirement apply to the licensed practical nurse (LPN) who provides Virtual Directed Observed Therapies (VDOT)?

VDOT is the use of a videophone or other video/computer equipment to observe the patient taking their medications remotely. An example is the use of synchronous and asynchronous VDOT for tuberculosis treatment adherence occurring across the United States and in Washington State. The LPN providing synchronous (real-time audio and video) VDOT is required to take the telemedicine training. See definition of “telemedicine” at [RCW 70.41.020\(15\)](#) and the telemedicine training requirement at RCW 43.70.495(2). The LPN providing asynchronous (store-and-forward) VDOT is not required to take the training, but the Washington State Board of Nursing (WABON) recommends all LPNs take the training.

[Video Directly Observed Therapy for Local Health Jurisdictions Using SureAdhere Telehealth in Washington State | Washington State Department of Health](#)

Does the licensed practical nurse (LPN) need to send in an attestation of completion of telemedicine training to the Washington State Board of Nursing (WABON)?

No, the law, ([RCW 43.70.495\(3\)\(b\)](#)), requires the LPN to sign and retain an attestation of completion. The LPN does not need to send the attestation of completion to the WABON unless requested.

When is the newly licensed practical nurse (LPN) required to complete telemedicine training?

The newly licensed LPN will need to meet the requirement one year after the initial license is issued ([RCW 43.70.495](#)). This also applies to nurses licensed in other member Nurse Licensure Compact (NLC) states who are practicing nursing using their multi-state license (MSL) caring for patients in Washington State using telemedicine. WABON recommends all Washington nurses complete telemedicine training as a demonstration of competence as soon as practical to provide an overview of the roles, responsibilities, liability, and legal requirements for providing telehealth services.

Does telemedicine training taken by the licensed practical nurse (LPN) taken prior to January 1, 2021, meet the telemedicine training requirement?

Yes. Telemedicine training taken prior to January 1, 2021 meets the requirement if it includes the content defined in [RCW 43.70.495](#). To learn more about the different training options available and access additional resources, please visit the [Washington State Telehealth Collaborative Training page](#). To complete the free and publicly available telemedicine training, please go to this website:



What are the options for the licensed practical nurse (LPN) to meet telemedicine training requirements?

To learn more about the different training options available and access additional resources, please visit the [Washington State Telehealth Collaborative Training page](#). To complete the free and publicly available telemedicine training, go to the [Washington State Medical Professional Telemedicine Training page](#).

Can the licensed practical nurse (LPN) provide care using telehealth services with a multi-state license (MSL) to patients in Washington State and in member states and territories?

Yes, the LPN may provide care within their scope of practice using telehealth services with an MSL to patients in Washington State and in member states under the direction and supervision of an [authorized health care practitioner](#). The LPN providing telehealth nursing services to patients in member states must follow the laws in the state where the patient is located ([RCW 18.80.020\(5\)](#)). The LPN must check with non-MSL states to determine if they can provide care to a patient in that state without a license in that state.

[Telehealth in Washington State | Washington State Department of Health](#)

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the LPN licensed in another state without a Washington State nursing license or multistate nursing license (MSL) provide telehealth nursing services to a patient in Washington?

[RCW 18.134.050](#), the Uniform Telehealth Act, allows the LPN to provide nursing services within the LPN's scope of practice to a patient **temporarily** in Washington State to ensure continuity of care under the direction and supervision of an [authorized health care practitioner](#) or registered nurse as long as the patient received treatment in the state where the [authorized health care practitioner](#) or RN is licensed. The LPN is responsible for ensuring they comply with all telehealth laws and rules. Telehealth does not include the use, in isolation, of email, instant messaging, text messaging, or FAX.

[Telehealth in Washington State | Washington State Department of Health](#)

Can the licensed practical nurse (LPN) located in another country with a Washington State license provide telehealth nursing services to a patient in Washington?

Yes, the LPN located in another country with a Washington State nursing license may provide telehealth services to a patient in Washington State. The LPN must follow all applicable laws and rules, and practice standards.



[Health Insurance Portability and Accountability Act of 1996 \(HIPAA\) | CDC](#)

[Federal Education and Privacy Act \(FERPA\)](#)

[Healthcare Information Technology for Economic and Clinical Health Act \(HITECH\)](#)

[eCFR :: 38 CFR 17.417 -- Health Care Providers Practicing via Telehealth](#)

[Telehealth in Washington State | Washington State Department of Health](#)

Can the licensed practical nurse (LPN) follow standing orders when providing telehealth services?

Yes, the LPN may provide telehealth nursing services within their scope of practice to patients in Washington State following standing orders approved by an [authorized health care practitioner](#). See the [Standing Orders Advisory Opinion](#) for additional information and guidance.

[Telehealth in Washington State | Washington State Department of Health](#)

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Does the licensed practical nurse (LPN) need to be compliant with privacy and confidentiality laws and rules when they are providing telehealth services?

Yes, the LPN must follow all health care confidentiality and privacy laws and rules regardless of the setting in which telehealth services are provided.

[Health Care Accountability and Portability Act \(HIPAA\)](#)

[Federal Education and Privacy Act \(FERPA\)](#)

[Healthcare Information Technology for Economic and Clinical Health Act \(HITECH\)](#)

[eCFR :: 38 CFR 17.417 -- Health Care Providers Practicing via Telehealth](#)

Can the licensed practical nurse (LPN) provide direction and supervision to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) via telehealth modalities?

Yes, the LPN may use telehealth modalities to provide direction and supervision to the NA-R/NA-C. The LPN must use nursing judgment and consider what type of care is directed and whether direction and supervision can be done safely via telehealth or whether it needs to be done face-to-face. Telehealth may not be appropriate in some circumstances.

[Telehealth in Washington State | Washington State Department of Health](#)



WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to ensure compliance with legal parameters, competency standards, facility/employer policies, clinical practice standards, and other applicable factors.

Can the licensed practical nurse (LPN) delegate tasks to unlicensed assistive personnel (UAP) using telehealth modalities?

No. It is not within the LPN's scope of practice to delegate tasks to UAP.

Are there setting limitations or types of telehealth that the licensed practical nurse (LPN) can use telehealth services to provide care?

No, state laws and rules do not limit the setting in which the LPN can use telehealth services to provide care. The nurse must comply with state and federal laws and rules regardless of setting.

[What is Telehealth? – Center for Connected Health Care Policy \(CCHP\)](#)

[What are Different Types of Telehealth? – Human Health Services \(HHS\)](#)

What principles and practice standards must the licensed practical nurse (LPN) follow when providing care using telehealth services?

Examples of principles and practice standards and guidelines include: [Principles of Practice: Telehealth as an Imperative Modality of Care – American Telemedicine Association \(ATA\)](#)

[Best practice Guides: Telehealth – Human Health services \(HHS\)](#)

[Telehealth Educational and Training Standards – HHS](#)

[Telehealth Policy – HHS.gov](#)

[HIPAA Rules for Telehealth Technology – HHS](#)

[Licensure for Telehealth – HHS](#)

[Billing for Telehealth – HHS](#)