

Summary of Changes: Chapter 246-841A WAC

Workshop Recap	
Date	<ul style="list-style-type: none"> • April 11, 2025 • April 17, 2025 • April 25, 2025 • April 30, 2025 • May 16, 2025 – Skills Testing • May 30, 2025 – Skills Testing • June 27, 2025 – Skills Testing • July 21, 2025 – SB 5051 Additions • July 31, 2025 – SB 5051 Additions • September 4, 2025 – Specialty Curricula (Discussion) • September 11, 2025 – Specialty Curricula (Discussion) • October 2, 2025 – Specialty Curricula (Draft Language)

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<p>WAC 246-841A-390 Definitions.</p> <p>The definitions in RCW 18.88A.020 and in this section apply throughout this chapter unless the context clearly requires otherwise.</p> <p>(1) "Asynchronous" means online learning of classroom or theory content that allows students to view and participate with online instructional materials within a flexible, but defined time period and does not include a live video lecture component.</p> <p>(2) "Clinical" means students' in-facility experiences providing care in accordance with the nursing assistant scope of practice under the supervision of an approved instructor for the training program. Students who opt to complete clinical requirements through the nursing assistant-registered work pathway may be supervised by a licensed nurse as described in subsection (8)(b) of this section.</p> <p>(3) "Commission" means the Washington state nursing care quality assurance commission.</p> <p>(4) "Common curriculum" means the curriculum framework provided by the commission for use by all programs. The curriculum framework includes materials for nine basic units <u>and supports students' development of a holistic, person-centered care approach, and integrates three specialty trainings</u></p>	<ul style="list-style-type: none"> • Removes integration of specialty curricula from definition of <i>common curriculum</i>.

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<p>(developmental disabilities, mental health, and dementia) as directed by the legislature. The common curriculum supports students' development of a holistic, person-centered care approach. Specialty training in developmental disabilities, dementia, and mental health pursuant to WAC 388-112A is not included in the common curriculum.</p> <p>(5) "Competency evaluation" means the measurement of an individual's knowledge and skills as related to safe, competent performance of one's professional role. A formal, state-required competency evaluation is required for certification as a nursing assistant or for a certification endorsement as a medication assistant.</p> <p>(6) "Corrective action" means the necessary steps a nursing assistant training program must take to address identified deficiencies in or violations of program standards.</p> <p>(7) "Corrective action designation" means a classification added by the commission to a nursing assistant training program's approval status when deficiencies in or violations of program standards exist. Corrective action designations are described in WAC 246-841A-470 and include: Full approval with plan of correction; full approval with plan of correction and technical assistance; and conditional approval.</p> <p>(8) "Direct patient care" means implementing all aspects of the nursing process with patients through hands-on, face-to-face contact by a licensed nurse. The nursing process consists of assessment, diagnosis, planning, implementation, and evaluation.</p> <p>(9) "Direct supervision" means:</p> <p>(a) For nursing assistant and medication assistant students in clinical: An approved instructor is always on-site to ensure appropriate care assignments, supervise, teach, and evaluate performance while the students are providing care.</p> <p>(b) For nursing assistant-registered employees using the nursing assistant-registered work pathway for clinical credit in a nursing assistant training program: A licensed nurse is always on-site to supervise and evaluate competency for all tasks assigned and care to be provided.</p> <p>(c) For medication assistants employed in a nursing home: The licensed registered nurse who directs medication administration and commission-approved treatments to a medication assistant is on-site, immediately accessible in person, and has assessed the residents prior to performance of these duties.</p> <p>(10) "Good standing" means:</p> <p>(a) For a nursing assistant training program: The program has operated for at least one year and has full approval status with no corrective action designation as identified in WAC 246-841A-470.</p> <p>(b) Regarding the status of an individual's license or credential: The license or credential is not currently subject to any sanction, terms, conditions or restrictions required by formal or informal discipline or an agreement to practice with conditions under chapter 18.130 RCW, the Uniform Disciplinary Act.</p> <p>(11) "Holistic care" means care of the whole person by supporting the person's human needs within</p>	

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<p>one's professional scope of practice. Human needs include physiological, safety, love and belonging, self-esteem, and self-actualization needs.</p> <p>(12) "Home care aide-certified" means any person certified under chapter 18.88B RCW.</p> <p>(13) "Hybrid program" means online learning replaces a portion of face-to-face classroom or theory instruction with web-based online learning (e.g., video lectures, online discussions, or activities).</p> <p>(14) "Learning management system" means a software application for the administration, documentation, tracking, reporting, automation and delivery of educational courses, training programs, or learning and development programs.</p> <p>(15) "Live online" (also called "synchronous") means online classroom theory learning where students are required to log in at a specific time and participate in real-time activities in the virtual classroom with a live instructor.</p> <p>(16) "Medical assistant-certified" means a person certified under chapter 18.360 RCW.</p> <p>(17) "Medication assistant" means a nursing assistant-certified with a medication assistant endorsement issued under chapter 18.88A RCW who is authorized to administer certain medications and perform certain treatments in a nursing home under the supervision of a registered nurse.</p> <p>(18) "Nursing assistant(s)" includes both nursing assistants-registered and nursing assistants-certified.</p> <p>(19) "Nursing assistant-certified" means any person certified under chapter 18.88A RCW.</p> <p>(20) "Nursing assistant-registered" means any person registered under chapter 18.88A RCW.</p> <p>(21) "Nursing home" means any facility licensed under chapter 18.51 RCW.</p> <p>(22) "Pass rates" means the averaged percentage of students who successfully meet the standard for the state certification examination on their first attempt, measured annually for all programs individually and in aggregate.</p> <p>(23) "Prescriber-ordered treatments" means drugs or care tasks ordered by a practitioner who is authorized by law or rule in the state of Washington to prescribe drugs or treatments.</p> <p>(24) "Program standards" means:</p> <ul style="list-style-type: none"> (a) Requirements as stated in this chapter; (b) Policies, procedures, and program materials and forms developed by the commission in support of implementation and compliance with this chapter and state and federal laws; (c) Demonstration of current and accurate information in program teaching, materials, and communications regarding federal and state laws and regulations pertaining to: <ul style="list-style-type: none"> (i) Nursing assistant training, testing, and certification requirements; (ii) Nursing assistant scope of practice and practice standards; and (iii) Nursing assistant professional conduct requirements; and (d) Compliance with applicable state and federal laws. <p>(25) "Technical assistance" means aid by the commission to support the program in its efforts to meet program standards. Technical assistance sessions are scheduled for a designated time period. They</p>	

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<p>may occur by phone, virtual meeting, or in-person. As examples, technical assistance may include:</p> <ul style="list-style-type: none"> (a) Review of program activities and processes in relation to program standards; (b) Review of program standards with explanations and examples relevant to the program; (c) Introduction to approaches or resources that may be helpful to the program; or (d) A written summary of technical assistance provided and requirements for the program to meet program standards. <p>(26) "Technical support" relates to students in hybrid programs with asynchronous online elements and means timely assistance by the training program to correct technical difficulties with access to online training program materials or use of those materials. Technical support is provided as part of the overall training program with no additional costs to students for technical support needs.</p>	
<p>WAC 246-841A-400 Standards of practice and competencies for nursing assistants.</p> <p>Competencies and standards of practice are statements of knowledge, skills, and behaviors. They are written as descriptions of observable, measurable actions. All nursing assistant competencies are performed under the direction and supervision of a licensed registered nurse or licensed practical nurse as required by RCW 18.88A.030. The following competencies are considered standards of practice for both nursing assistant-certified and nursing assistant-registered:</p> <ul style="list-style-type: none"> (1) The nursing assistant role and knowledge of rules and regulations. <ul style="list-style-type: none"> (a) A nursing assistant demonstrates competency in providing holistic, person-centered care that supports the human needs of diverse individuals. The nursing assistant: <ul style="list-style-type: none"> (i) Identifies the holistic needs of clients or residents. (ii) Provides care to support holistic needs in accordance with nursing assistant competencies and clients' or residents' plans of care. (iii) Provides person-centered care by adjusting care approaches to accommodate the unique needs and preferences of clients or residents. (b) A nursing assistant demonstrates knowledge of and can explain the practical implications of the laws and regulations which affect nursing assistant practice including, but not limited to: <ul style="list-style-type: none"> (i) Mandatory reporting procedures related to client or resident abuse, neglect, abandonment, and exploitation (chapters 74.34 RCW and 246-16 WAC, and WAC 246-841A-720); (ii) Scope of practice; (iii) Opportunities for expanding scope: <ul style="list-style-type: none"> (A) Nurse delegation; and (B) Medication assistant certification endorsement; (iv) Workers right to know (chapter 49.70 RCW); (v) The Uniform Disciplinary Act (chapter 18.130 RCW); (vi) Omnibus Budget Reconciliation Act (OBRA); 	<ul style="list-style-type: none"> • Removes specialty curricula competencies from NA standards of practice.

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<p>(vii) Medicare and medicaid.</p> <p>(2) Client or resident rights and promotion of independence. A nursing assistant demonstrates behavior which maintains and respects clients' or residents' rights and promotes independence, regardless of race, religion, lifestyle, sexual orientation, gender identity, disease process, or ability to pay. A nursing assistant:</p> <p>(a) Recognizes that clients or residents have the right to participate in decisions about their care.</p> <p>(b) Recognizes and respects each client's or resident's need for privacy and confidentiality.</p> <p>(c) Promotes and respects clients' or residents' rights to make personal choices to accommodate their needs.</p> <p>(d) Reports clients' or residents' concerns and gives assistance with resolving grievances and disputes.</p> <p>(e) Provides assistance to clients or residents in getting to and participating in activities.</p> <p>(f) Respects the property of clients or residents and employer and does not take equipment, material, property, or medications for the nursing assistant's or another's use or benefit. A nursing assistant may not solicit, accept or borrow money, material, or property from a client or resident for the nursing assistant's or another's use or benefit.</p> <p>(g) Promotes clients' or residents' right to be free from abuse, mistreatment, and neglect.</p> <p>(h) Intervenes appropriately on a client's or resident's behalf when abuse, mistreatment, or neglect is observed.</p> <p>(i) Complies with mandatory reporting requirements by reporting to the department of health and the department of social and health services instances of neglect, abuse, exploitation, or abandonment.</p> <p>(j) Participates in the plan of care regarding the use of restraints in accordance with current professional standards.</p> <p>(3) Communication and interpersonal skills. A nursing assistant uses communication and interpersonal skills effectively to function as a member of the nursing team. A nursing assistant:</p> <p>(a) Reads, writes, speaks, and understands English at the level necessary for performing duties of the nursing assistant.</p> <p>(b) Listens and responds to verbal and nonverbal communication in an appropriate manner.</p> <p>(c) Recognizes how one's own behavior influences a client's or resident's behavior and uses resources for obtaining assistance in understanding the client's or resident's behavior.</p> <p>(d) Adjusts one's own behavior to accommodate clients' or residents' physical or mental limitations.</p> <p>(e) Uses terminology accepted in the health care setting to appropriately record and report observations, actions, and pertinent information accurately and timely.</p> <p>(f) Is able to explain policies and procedures before and during care of clients or residents.</p> <p>(4) Infection control. A nursing assistant uses standard and transmission-based precautions to prevent the spread of microorganisms. A nursing assistant:</p> <p>(a) Uses principles of medical asepsis and demonstrates infection control techniques and standard</p>	

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<p>and transmission-based precautions including, but not limited to:</p> <ul style="list-style-type: none"> (i) Demonstrates effective handwashing methods. (ii) Identifies different types of personal protective equipment (PPE) and demonstrates how and when to use each. (b) Explains how disease-causing microorganisms are spread. (c) Explains transmission of bloodborne pathogens. (d) Demonstrates knowledge of cleaning agents and methods which destroy microorganisms on surfaces. <p>(5) Safety and emergency procedures. A nursing assistant demonstrates the ability to identify and implement safety and emergency procedures, including the Heimlich maneuver. A nursing assistant:</p> <ul style="list-style-type: none"> (a) Provides an environment with adequate ventilation, warmth, light, and quiet. (b) Promotes a clean, orderly, and safe environment including equipment for a client or resident. (c) Identifies and uses measures for accident prevention. (d) Demonstrates principles of good body mechanics for self and clients or residents, using the safest and most efficient methods to lift and move clients, residents, and heavy items. (e) Demonstrates proper use of protective devices in the care of clients or residents. (f) Demonstrates knowledge of and follows fire and disaster procedures. (g) Identifies and demonstrates principles of health and sanitation in food service. (h) Demonstrates the proper use and storage of cleaning agents and other potentially hazardous materials. <p>(6) Basic nursing skills. A nursing assistant demonstrates basic technical skills which facilitate an optimal level of functioning for clients or residents, recognizing individual, cultural, and religious diversity. A nursing assistant:</p> <ul style="list-style-type: none"> (a) Demonstrates proficiency in cardiopulmonary resuscitation (CPR) and can perform CPR independently. (b) Takes and records vital signs. (c) Measures and records height and weight. (d) Measures and records fluid and food intake and output. (e) Recognizes normal body functions, deviations from normal body functions and the importance of reporting deviations in a timely manner to a supervising nurse. (f) Recognizes, responds to, and reports clients' or residents' emotional, social, cultural, and mental health needs. (g) Recognizes, responds to, and reports problems in clients' or residents' environment to ensure safety and comfort of clients. (h) Participates in care planning and the nursing reporting process. <p>(7) Basic restorative services. The nursing assistant incorporates principles and skills in providing</p>	

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<p>restorative care. A nursing assistant:</p> <ul style="list-style-type: none"> (a) Demonstrates knowledge and skill in using assistive devices in ambulation, transferring, eating, and dressing. (b) Demonstrates knowledge and skill in the maintenance of range of motion. (c) Demonstrates proper techniques for turning, positioning, and repositioning clients or residents in a bed and chair. (d) Demonstrates proper techniques for transferring and ambulating clients or residents. (e) Demonstrates knowledge about methods for meeting the elimination needs of clients or residents. (f) Demonstrates knowledge and skill for the use and care of prosthetic devices by clients or residents. (g) Uses basic restorative services by training clients or residents in self-care according to their capabilities. <p>(8) Personal care. A nursing assistant demonstrates basic personal care skills. A nursing assistant:</p> <ul style="list-style-type: none"> (a) Assists clients or residents with bathing, oral care, and skin care. (b) Assists clients or residents with grooming and dressing. (c) Provides toileting assistance to clients or residents. (d) Assists clients or residents with eating and hydration. (e) Uses proper oral feeding techniques. <p>(9) Life transitions. A nursing assistant demonstrates the ability to support the care needs of clients or residents during life transitions with competency in the following areas:</p> <ul style="list-style-type: none"> (a) Uses basic procedures for admitting, transferring, and discharging clients or residents and maintains professional boundaries. (b) Applies knowledge of psychosocial and mental health considerations during life transitions. <p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> (i) Human responses to stress and stressors; (ii) Stages of psychosocial development across the lifespan; and (iii) Human responses to grief and loss. <ul style="list-style-type: none"> (c) Demonstrates ability to support clients' or residents' holistic needs at the end of life. (d) Demonstrates knowledge of legal documents affecting care and the nursing assistant role in using the documents: <ul style="list-style-type: none"> (i) Advance directives (living wills, durable power of attorney); (ii) Portable orders for life sustaining treatment (POLST); (iii) Do not resuscitate (DNR). <ul style="list-style-type: none"> (e) Demonstrates the ability to provide postmortem care with respect for clients' or residents' rights and sensitivity to the grieving process of their loved ones. (f) Demonstrates awareness of the need for self-care and support in response to grief and loss. <p>(10) Care of clients or residents with developmental disabilities. A nursing assistant demonstrates</p>	

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<p>basic care of clients or residents with developmental disabilities. In accordance with developmental disability specialty training (WAC 388-112A-0430), a nursing assistant:</p> <p>(a) Demonstrates a basic understanding of developmental disabilities and awareness of the unique needs of residents with developmental disabilities.</p> <p>(b) Promotes and supports a resident's self-determination.</p> <p>(c) Provides culturally compassionate and individualized care by utilizing a basic understanding of each client or resident and each client's or resident's history, experience, and cultural beliefs.</p> <p>(d) Uses person-centered and interactive planning when working with clients or residents with developmental disabilities.</p> <p>(e) Uses a problem-solving approach and positive support principles when dealing with challenging behaviors.</p> <p>(f) Supports clients or residents experiencing a crisis and gets assistance when needed.</p> <p>(g) Promotes and protects the legal and resident rights of clients or residents with developmental disabilities.</p> <p>(11) Mental health and social service needs. A nursing assistant demonstrates the ability to identify psychosocial needs of clients or residents based upon awareness of the developmental and age specific processes. A nursing assistant:</p> <p>(a) Addresses individual behavioral needs of the client or resident.</p> <p>(b) Knows the developmental tasks associated with the developmental and age specific processes.</p> <p>(c) Allows the client or resident to make personal choices but provides and reinforces behaviors consistent with the client's or resident's dignity.</p> <p>(d) Is sensitive and supportive and responds to the emotional needs of the clients or residents and their sources of emotional support.</p> <p>(e) Applies the knowledge, skills, and behaviors from mental health specialty training in the care of residents and clients (WAC 388-112A-0450).</p> <p>(12) Care of clients or residents with cognitive impairment. A nursing assistant demonstrates basic care of clients or residents with cognitive impairment. A nursing assistant:</p> <p>(a) Uses techniques for addressing the unique needs and behaviors of individuals with cognitive impairment including Alzheimer's, dementia, delirium, developmental disabilities, mental illnesses, and other conditions.</p> <p>(b) Communicates with clients or residents with cognitive impairment in a manner appropriate to their needs.</p> <p>(c) Demonstrates sensitivity to the behavior of clients or residents with cognitive impairment.</p> <p>(d) Appropriately responds to the behavior of clients or residents with cognitive impairment.</p>	

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<p>WAC 246-841A-420 Requirements for approval of nursing assistant training programs.</p> <p>To qualify as a nursing assistant training program for initial and ongoing approval, an applicant must:</p> <p>(1) Attend an online orientation provided by the commission prior to submission of an application;</p> <p>(2) Submit a completed application packet provided by the commission. The completed packet will reflect how the training program will meet program standards on an ongoing basis. The packet will include forms and instructions for submitting required materials which include, but are not limited to:</p> <p>(a) Owner identification and contact information, business name, and physical address;</p> <p>(b) Documentation demonstrating the program director and instructor(s) meet all qualifying criteria as stated in WAC 246-841A-430. Required documentation includes:</p> <p>(i) Verification that the program director and instructor(s) have successfully completed a course in adult instruction as required by WAC 246-841A-430 (2)(a) or have demonstrated one year of experience teaching adults.</p> <p>(ii) Verification that the program director and instructor(s) who teach the specialty class units (mental health, dementia, and developmental disabilities) have successfully completed coursework in the subjects prior to instructing students as required by WAC 246-841A-430 (6)(g);</p> <p>(c) Contractual agreements related to providing training. For any program that uses another facility to provide clinical training, contractual agreements include an affiliation agreement between the training program and the facility. The affiliation agreement must describe how the program will provide clinical experience in the facility, making it clear that students will be supervised at all times, taught, and evaluated by an approved instructor who meets the requirements under this chapter. The agreement must specify the rights and responsibilities of both parties, students, and clients or residents;</p> <p>(d) A student enrollment agreement that the training program will provide to each student for review, discussion, and signature prior to beginning the course. The training program retains a signed copy in each student's file. The student agreement must include:</p> <p>(i) A statement that specifies the student's rights and responsibilities, including those listed in the clinical affiliation agreement;</p> <p>(ii) A general description of the program and the program components (classroom, skills lab, and clinical), including the number of hours and length of time required to complete the program;</p> <p>(iii) The program's policies relevant to students, including all criteria required to pass the course and criteria that may be cause for immediate dismissal or failure;</p> <p>(iv) A statement that the student has received the class schedule and access to common curriculum materials for students as provided by the commission;</p> <p>(v) The following statement regarding the right to file a complaint with the commission with concerns about the training program: "Student complaints about this nursing assistant training program can be filed with the nursing care quality assurance commission." The current web page link for filing a</p>	<ul style="list-style-type: none"> Removes requirement that instructors complete coursework in specialty curricula.

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<p>complaint must be included with the statement;</p> <p>(e) An implementation plan for teaching the common curriculum using a format and instructions provided by the commission. Implementation information must include:</p> <p>(i) The outline of materials for assigned study for each unit, including text readings, videos, and other resources. The main text resource must have a publication date within the last five years;</p> <p>(ii) Presentations and active discussion of content;</p> <p>(iii) A variety of activities to reinforce and apply knowledge and concepts, including activities provided in the common curriculum;</p> <p>(iv) Skills practice to integrate theory with skills, including use of skills checklists which match the state exam;</p> <p>(v) Plans for evaluation to measure student learning and competency; and</p> <p>(vi) Plans for conducting and supervising clinical experiences;</p> <p>(f) A description of classroom and skills lab facilities with photographs demonstrating adequate space, equipment, and supplies available to provide the training program in accordance with this chapter;</p> <p>(g) Verification that the nursing assistant training program or school is approved to operate in the state of Washington by:</p> <p>(i) The state board for community and technical colleges for college programs;</p> <p>(ii) The superintendent of public instruction for high schools and skills center programs;</p> <p>(iii) The workforce training and education coordinating board for private vocational schools; or</p> <p>(iv) The department of social and health services for nursing home programs. For purposes of this chapter: Lack of a department of social and health services sanction signifies department of social and health services approval; a current sanction with no department of social and health services waiver to conduct training signifies nonapproval;</p> <p>(h) A declaration of compliance with all program standards signed by:</p> <p>(i) Program owner or administrator; and</p> <p>(ii) Program director, if different from owner or administrator;</p> <p>(3) Submit all application items in one submission and respond to requests for more information or clarification regarding the program's application submission. Failure to submit a completed application packet or respond to request for more information or clarification within 90 days may result in closure of the application;</p> <p>(4) Agree to in-person or online site visits by the commission on request or, when applicable per WAC 246-841A-465(2) and 246-841A-470 (2)(c)(v), unannounced site visits by the commission.</p> <p>Examples of activities a site visit may include are:</p> <p>(a) Observation of classroom, skills lab, and clinical teaching;</p> <p>(b) A review of the program facilities, equipment, supplies, documentation, and files related to the program with the potential need to make copies or take photos of them;</p>	

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<p>(c) Access to student names and contact information;</p> <p>(d) Interviews with the program owner(s), program director, instructor(s), other support staff, clinical site personnel, and students;</p> <p>(e) A review of facilities, equipment, supplies, and staff at clinical affiliation sites;</p> <p>(5) Comply with all program standards;</p> <p>(6) For each class taught, implement the common curriculum as developed and described in materials provided by the commission;</p> <p>(7) Submit all program change requests on forms provided by the commission and receive approval prior to implementation of the change. Notify other approving agencies of changes prior to implementing the change(s). Program changes include, but are not limited to:</p> <p>(a) Program owner(s);</p> <p>(b) Program director;</p> <p>(c) Instructor(s);</p> <p>(d) Program location;</p> <p>(e) Program curriculum plan as approved;</p> <p>(f) Program curriculum hours; and</p> <p>(g) Program schedule pattern;</p> <p>(8) Comply with changes in program standards;</p> <p>(9) Participate in and complete the program renewal process every two years. Failure to renew by the designated deadline results in lapse of approval.</p>	
<p>WAC 246-841A-430 Program directors and instructors in approved nursing assistant training programs.</p> <p>(1) The program director must hold an active license in good standing as a registered nurse (RN) in the state of Washington.</p> <p>(a) The commission may deny or withdraw a program director's approval if there is or has been any action taken against the director which disqualifies them from working with vulnerable populations.</p> <p>(b) Directing a nursing assistant training program constitutes the practice of nursing. Any unprofessional conduct by a program director, as defined in the Uniform Disciplinary Act, chapter 18.130 RCW, may subject the program director to license discipline under that act.</p> <p>(2)(a) The program director must have completed a training course on adult instruction or have demonstrated one year of experience teaching adults. Acceptable experience does not include teaching patients. A program director working exclusively in a secondary or postsecondary educational setting is exempt from this requirement.</p> <p>(b) The training course on adult instruction must provide instruction in:</p>	<ul style="list-style-type: none"> • Eliminates approval requirement for teaching specialty curricula. Prohibits NA programs from teaching them unless expressly approved by DSHS.

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<p>(i) Understanding the adult learner;</p> <p>(ii) Techniques for teaching adults;</p> <p>(iii) Classroom methods for teaching adults;</p> <p>(iv) Audio visual techniques for teaching adults.</p> <p>(3) The program director must attend an online orientation provided by the commission within 30 days of approval as program director.</p> <p>(4) The program director will have a minimum of three years of experience as an RN, of which at least one year will be in direct patient care.</p> <p>(5) If the program director will also be acting as an instructor, the program director must meet the requirements for instructional staff.</p> <p>(6) Program director responsibilities:</p> <p>(a) Implement the common curriculum as developed and described in materials provided by the commission and in accordance with the requirements of WAC 246-841A-440. The program director is responsible for all classroom and clinical training content and instruction;</p> <p>(b) Ensure compliance with and assume responsibility for meeting the training program requirements of this chapter;</p> <p>(c) Ensure that all student clinical training is directly supervised:</p> <p>(i) For instructor-led clinical training provided by the program, direct supervision means that an approved instructor is always on-site to supervise, teach, and evaluate performance while the students are providing care.</p> <p>(ii) For clinical training provided through the nursing assistant-registered work pathway described in WAC 246-841A-440(8), direct supervision means the program director requires the student to provide verifiable documentation of supervision and competency evaluation by a supervising licensed nurse prior to awarding clinical training credit. To receive clinical training credit, students must provide documentation on the verification form provided by the commission. The student must also provide evidence of at least 40 hours of work in the role of a nursing assistant;</p> <p>(d) Ensure that the clinical instructor has no concurrent duties during the time he or she is instructing students;</p> <p>(e) Create and maintain an environment conducive to teaching and learning;</p> <p>(f) Select and supervise all instructors involved in the course, including clinical instructors and guest lecturers;</p> <p>(g) Ensure the instructor(s) teaching specialty units on the topics of mental health, dementia, and developmental disabilities are approved to teach the units prior to teaching them. For the instructor to receive approval, the program director will:</p> <p>(i) Verify the instructor has completed a class on adult instruction as identified in subsection (2)(b) of this section. Acceptable experience does not include teaching patients. An instructor working</p>	

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<p>exclusively in a secondary or postsecondary educational setting is exempt from this requirement.</p> <p>(ii) Verify the instructor(s) has completed the corresponding specialty class(es) for the unit(s) they will teach. The mental health and dementia specialty classes must be the complete curriculum approved by the department of social and health services; the developmental disabilities specialty class must be the complete curriculum provided by the developmental disabilities administration of the department of social and health services.</p> <p>(iii) Submit documentation with an instructor application to the commission;</p> <p>(h) The nursing assistant training program may not teach the specialty units on mental health, dementia, and developmental disabilities without the express approval of the department of social and health services (DSHS). Individuals who seek specialty training see WAC 388-112A, RCW 18.20.270, and RCW 70.128.230.</p> <p>Ensure teaching of specialty units on mental health, dementia, and developmental disabilities occurs only as components of the complete nursing assistant training program. Unless expressly approved by the department of social and health services to provide stand-alone specialty classes on the specialty topics, a nursing assistant training program is only authorized to provide specialty units as components of the overall nursing assistant training program;</p> <p>(i) Ensure that students are not asked to, nor allowed to, perform any clinical skill with residents or clients until first demonstrating the skill satisfactorily to an instructor;</p> <p>(j) Provide students with instruction regarding the nursing assistant-registered work pathway as described in WAC 246-841A-440(8), including supervision and documentation requirements;</p> <p>(k) Ensure evaluation of professional knowledge, skills, and behaviors of students before verifying completion of the course;</p> <p>(l) Without delay upon successful completion of course requirements:</p> <p>(i) Provide students a certificate of completion on a form provided by the commission.</p> <p>(ii) Provide verification of each student's eligibility to take the state exam. Verification is to be provided in accordance with the established procedure provided to program directors by the commission;</p> <p>(m) Communicate directly with the commission in all matters regarding the program.</p> <p>(7) The program director may select instructional staff to assist in the teaching of the course.</p> <p>(a) Instructional staff must teach in their area of expertise.</p> <p>(b) Instructional staff must have a minimum of:</p> <p>(i) One year of verifiable paid or unpaid work experience as a licensed nurse within the past three years providing direct patient care for the elderly or chronically ill of any age; or</p> <p>(ii) Three years of verifiable paid experience as a licensed nurse at any time providing direct patient care for the elderly or chronically ill of any age and verifiable paid or unpaid work experience as a licensed nurse in any role for at least one of the last three years.</p> <p>(c) A clinical instructor providing care to patients with staff or students is considered a provider of direct</p>	

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<p>patient care.</p> <p>(d) Instructional staff must complete a training course on adult instruction as described in subsection (2)(b) of this section or have demonstrated one year of experience teaching adults. Instructional staff working exclusively in a secondary or postsecondary educational setting are exempt from this requirement.</p> <p>(i) Instructional staff who will teach the specialty units of curriculum on the topics of mental health, dementia, or developmental disabilities, must also demonstrate successful completion of those courses described in (g) of this subsection prior to teaching them.</p> <p>(ii) Instructional staff must hold an active Washington state license to practice as a registered or licensed practical nurse, in good standing. The commission may deny or withdraw an instructor's approval if there is or has been any action taken against the instructor which disqualifies them from working with vulnerable populations.</p> <p>(iii) Instructional staff may assist the program director in development of curricula, teaching modalities, and evaluation.</p> <p>(iv) Instructional staff will always be under the supervision of the program director.</p> <p>(v) A guest lecturer or individual with expertise in a specific course unit may be used in the classroom setting for teaching within that unit without commission approval, following the program director's review of the currency and relevance of content in relation to unit objectives. Guest lecturers must hold a license, certificate, or registration in good standing in their field of expertise. The allowance for a guest lecturer does not apply to the specialty units of the common curriculum on the topics of mental health, dementia, or developmental disabilities. The specialty units must be taught by a program instructor specifically approved by the commission to teach the specialty units as described in subsection (G)(g) of this section.</p>	

Draft Language	Summary of Changes/Notes
<p>WAC 246-841A-440 Common curriculum in approved nursing assistant training programs.</p> <p>(1) Common curriculum. Approved programs must implement the common curriculum as developed and described in materials provided by the commission. in accordance with the transition timelines established by the commission in (a) through (c) of this subsection. The common curriculum includes the complete specialty curricula on the topics of developmental disabilities, mental health, and dementia as developed by the department of social and health services.</p> <p>(a) Approved programs must apply for approval to implement the first nine units of the common curriculum within six months of the effective date of these rules and begin implementation by September 1, 2024.</p> <p>(b) Until they transition to the common curriculum, approved programs may continue to implement their existing curriculum as approved under previous rules; however, subsections (5) through (8) of this section are effective with the effective date of these rules.</p> <p>(c) Approved programs must implement the specialty curricula as units 10, 11, and 12 of the common curriculum for all students graduating on or after September 1, 2025.</p> <p>(2) Implementing the common curriculum. Implementing the common curriculum as developed and described in materials provided by the commission includes, but is not limited to:</p> <p>(a) Interactive presentation and discussion of content for each unit and activity that provides students with an opportunity to reinforce learning and apply knowledge. The program will demonstrate use of a variety of activities across units. Examples include, but are not limited to:</p> <p>(i) Written assignments;</p> <p>(ii) Responding to videos shown or assigned;</p> <p>(iii) Small group exercises;</p> <p>(iv) Role play;</p> <p>(v) Student presentations; and</p> <p>(vi) Team or game-type learning activities.</p> <p>(b) Instructor demonstration of each unit's lab skills followed by students' practice of the skills under the supervision of an approved instructor who provides guidance and evaluation in real time.</p> <p>(c) A clinical training opportunity for students to successfully demonstrate the core competencies of a nursing assistant through integration of professional knowledge, skills, and behaviors gained in class and skills lab.</p> <p>(d) Evaluation to measure each student's level of competency achievement in each part of the training program (classroom theory, skills lab, and clinical) and overall.</p> <p>(3) Correlation of classroom and clinical teaching. When implementing the common curriculum, programs will ensure clinical teaching is closely correlated with classroom theory teaching to support students' integration of professional knowledge and behaviors with manual skills.</p>	<ul style="list-style-type: none"> • Removes specialty curricula unit language. • Reduces minimum of training hours total to 108, with a minimum of 35 hours of classroom theory, a minimum of 33 hours of skills lab, and a minimum of 40 hours of clinical training.

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<p>(a) For skills lab training, close correlation means skills included in each unit of the common curriculum are taught together with the unit's classroom theory.</p> <p>(b) For clinical training, close correlation means clinical training occurs as part of the planned, continuous flow of the class immediately following completion of classroom theory and skills lab. When there are delays in the start of clinical training, as allowed by the program's policies, the program will reverify and document student competency to participate safely in clinical training prior to a student's participation.</p> <p>(4) Program hours. The program director will determine the amount of time required in the curriculum to achieve the objectives. The time designated may vary with characteristics of the learners and teaching or learning variables, but the program must provide a minimum of 108¹³⁸ training hours total, with a minimum of 356⁶⁶ hours of classroom theory, a minimum of 332 hours of skills lab, and a minimum of 40 hours of clinical training.</p> <p>(a) These hours include 32 hours of classroom training on the specialty topics of developmental disabilities (16 hours), mental health (eight hours), and dementia (eight hours). Training programs must incorporate the complete curriculum for each specialty topic as developed by department of social and health services. Requirements for providing and instructing specialty curricula as part of a nursing assistant training program are found in WAC 246-841A-430 (g) and (h):</p> <p>(i) If a student has already taken one or more of the specialty topics, the program director may excuse the student from repeating the topic(s) when they provide documentation of successful completion.</p> <p>(ii) Only the specialty classes developed specifically by the department of social and health services qualify for acceptable training to excuse students from specialty topic(s):</p> <p>(iii) For students who are excused, programs must retain documentation of a student's previous specialty training in the student's file.</p> <p>(ab) Training to orient the student to the health care facility and facility policies and procedures is required, but must not be included in the minimum clinical training hours required.</p> <p>(5) Classroom theory teaching and learning. Classroom theory teaching and learning may be conducted through the following modalities:</p> <p>(a) An in-person format in a classroom space approved by the commission;</p> <p>(b) A live online format.</p> <p>(i) Prior to implementation, the program must apply to the commission for approval to use a live online format on a form provided by the commission.</p> <p>(ii) At no time will the ratio of students to instructor exceed 20 students to one instructor in a live online class;</p> <p>(c) An online or hybrid format that includes asynchronous online elements.</p> <p>(i) Prior to implementation, the program must apply to the commission for approval to use this online format on a form provided by the commission.</p>	

Draft Language	Summary of Changes/Notes
<p>(ii) The program must provide the commission with access to all online programming from both the instructor and the student user views including, but not limited to: Lessons, assignments, quizzes and tests, discussion boards, tools for instructor monitoring of student progress and interacting with students, evaluation mechanisms, and electronic gradebook.</p> <p>(iii) The student-to-instructor ratio for an online or hybrid program with asynchronous learning elements must not exceed one instructor to 30 students.</p> <p>(iv) Except for high school programs with a 10-month calendar, the entire program must be completed by students within three months.</p> <p>(v) For initial and ongoing approval, the program must demonstrate how it meets the standards for online education as established by the commission. The standards require the program to demonstrate:</p> <p>(A) Evidence of ability to provide online training or online educational programs successfully (i.e., a history of success, institutional support, external review, and certification by a commission-approved quality assurance organization).</p> <p>(B) Correlation between the curriculum and text readings for the course.</p> <p>(C) Instructor interaction with and support of students during the classroom theory portion of the class and throughout the entire class.</p> <p>(D) Close correlation of the teaching and learning of classroom theory with teaching and learning in skills lab and clinical.</p> <p>(E) The direct supervision role of an approved instructor in the classroom theory, skills lab, and clinical portions of the class.</p> <p>(F) Student selection process, including entry requirements for the program.</p> <p>(G) Provision of a live online or in-person orientation for all students prior to beginning the program. The orientation will include information about program requirements and policies, time schedule, appropriate online conduct, and how to navigate the learning management system and program content. The orientation hours may not be included in the minimum required program hours.</p> <p>(H) An academic-based assignment related to the course outcome in the first week of class for the purpose of reporting attendance.</p> <p>(I) For each unit, at least one asynchronous online discussion related to a unit outcome that allows instructor feedback, student interaction, and a rubric for grading participation.</p> <p>(J) Facilitation of students' ability to meet independently in a study group.</p> <p>(K) The opportunity for robust and individualized instructor feedback for students needing to improve grades or requiring further instruction. This does not include computer-generated feedback.</p> <p>(L) An organized schedule of classroom theory, skills lab, and clinical activities with paced deadlines to support time management and successful course completion provided to the students.</p> <p>(M) Ensuring the identity of each student completing online examinations and security measures</p>	

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<p>throughout the examination.</p> <p>(N) Adequate technical support to the website and to students, including provisions for: Reliability; privacy; security; addressing technical difficulties; assuring back-up of data; services and training for students to use the website and program; and student technical support services.</p> <p>(O) Evidence of meeting requirements for all nursing assistant training programs as described in this chapter.</p> <p>(6) Skills lab teaching and learning. Skills lab teaching and learning will be conducted in-person in a commission-approved skills lab.</p> <p>(7) Clinical teaching and learning: Instructor-led clinical in a care facility. The program shall provide instructor-led clinical training in a care facility for all students completing the program. Instructor-led clinical training means the program must provide a commission-approved instructor who conducts and supervises a coordinated clinical training experience in a nursing home or other care facility where students have an opportunity to safely demonstrate competency in the role of a nursing assistant caring for a variety of individuals with diverse care needs.</p> <p>(a) The clinical instructor must be on-site with students at all times to supervise, teach, and evaluate performance.</p> <p>(b) The clinical instructor must have no concurrent duties during the student clinical experience.</p> <p>(c) The ratio of students to instructor must not exceed 10 students to one instructor in the clinical setting.</p> <p>(d) Students cannot perform any clinical skill with clients or residents until first satisfactorily demonstrating the skill to an approved instructor.</p> <p>(e) Students must wear name tags clearly identifying them as students at all times.</p> <p>(8) Clinical teaching and learning: Nursing assistant-registered work pathway. In accordance with the program's established policies, the program retains authority to allow students who choose to do so, on a case-by-case basis, to complete their clinical training hours by working as a nursing assistant-registered in a care facility under the supervision of a licensed nurse. To meet qualifying standards to count as clinical hours' credit, the nursing assistant-registered employment experience must:</p> <p>(a) Be completed following successful completion of required classroom theory and skills lab hours;</p> <p>(b) Be completed in a time frame comparable to that of classmates who complete through instructor-led clinical training as established by the program's schedule and completion policies;</p> <p>(c) Be performed under a pending or active nursing assistant-registered credential during enrollment in the class;</p> <p>(d) Include a background check prior to contact with clients or residents;</p> <p>(e) Occur in a care facility where a licensed nurse is present to provide direct supervision and verify competency for care provided throughout the clinical experience; the supervising nurse may not be a friend or relative;</p>	

Draft Language	Summary of Changes/Notes
<p>(f) Include opportunities for the student to successfully demonstrate the competencies of a nursing assistant as identified in WAC 246-841A-400;</p> <p>(g) Include care of clients or residents who are not friends or relatives;</p> <p>(h) Be documented on a form provided by the commission and available on file at the training program along with formal documentation of the number of hours worked; and</p> <p>(i) Be verifiable with the care facility.</p>	

Draft Language	Summary of Changes/Notes
<p>WAC 246-841A-545 Home care aide-certified alternative program requirements.</p> <p>The commission approves home care aide-certified alternative training programs that meet approval requirements. These programs may enroll individuals credentialed as home care aides-certified under chapter 18.88B RCW. Successful completion allows them to apply to take the state exam evaluating competency for nursing assistant certification.</p> <p>(1) An alternative program shall:</p> <p>(a) Meet the requirements for initial and ongoing approval of nursing assistant training programs in this chapter except for the following differences:</p> <p>(i) The program must implement the common curriculum designed specifically for home care aide-certified alternative programs, as developed and described in materials provided by the commission in accordance with the transition timelines established by the commission in WAC 246-841A-440 (1)(a) through (c).</p> <p>(ii) The program must provide the minimum required training hours designed specifically for home care aide-certified alternative programs.</p> <p>(A) The minimum required training hours are: 36Sixty-eight hours total, with a minimum of 1749 hours of classroom theory, a minimum of 13 hours of skills lab, and a minimum of six hours of clinical training.</p> <p>(B) The minimum program hours include 32 hours of classroom theory training on the specialty topics of: Developmental disabilities (16 hours); mental health (eight hours); and dementia (eight hours).</p> <p>(b) Be subject to corrective actions for nursing assistant training programs as described in WAC 246-841A-465 through 246-841A-490, when requirements are not met for initial and ongoing approval of nursing assistant training programs (WAC 246-841A-420 through 246-841A-460), including those specific to home care aide-certified alternative programs (WAC 246-841A-530 through 246-841A-555).</p> <p>(c) Provide a subset of the content for traditional nursing assistant programs as identified in the common curriculum for the alternative program and reflecting the following competency areas found in WAC 246-841A-400:</p> <p>(i) The nursing assistant role and knowledge of rules and regulations;</p> <p>(ii) Resident rights and promotion of independence;</p> <p>(iii) Communication and interpersonal skills;</p> <p>(iv) Infection control;</p> <p>(v) Safety and emergency procedures;</p> <p>(vi) Basic nursing skills;</p> <p>(vii) Basic restorative services;</p> <p>(viii) Personal care;</p> <p>(ix) Life transitions;</p> <p>(x) Care of clients or residents with developmental disabilities (specialty curriculum);</p>	<ul style="list-style-type: none"> • Reduces the 68 total hours of required training to 36 with a minimum of 17 instead of 49 hours of classroom theory. • Removes specialty curricula related language.

Draft Language	Summary of Changes/Notes
<p>(xi) Mental health and social service needs (specialty curriculum);</p> <p>(xii) Care of clients or residents with cognitive impairment (specialty curriculum);</p> <p>(2) The common curriculum for home care aide-certified alternative programs includes the complete specialty curricula on the topics of developmental disabilities, mental health, and dementia developed by the department of social and health services.</p> <p>(a) For students who have not already taken the specialty classes, the training program must provide them as part of the class.</p> <p>(b) For students who have already taken one or more of the specialty topics, the training program may excuse them from repeating the topic(s) when they provide documentation of successful completion.</p> <p>(i) Only the specialty classes developed specifically by the department of social and health services qualify for acceptable training to excuse students from specialty topic(s).</p> <p>(ii) For students who are excused, programs must retain a copy of documentation of a student's previous specialty training in the student's file.</p> <p>(3) Training to orient the student to the health care facility and facility policies and procedures is required, but is not included in the minimum clinical training hours required.</p>	

Draft Language	Summary of Changes/Notes
<p>WAC 246-841A-550 Medical assistant-certified alternative program requirements.</p> <p>The commission approves medical assistant-certified alternative training programs that meet approval requirements. These programs serve individuals credentialed as medical assistants-certified as defined in WAC 246-841A-535(2). Successful completion allows them to apply to take the state exam evaluating competency for nursing assistant certification.</p> <p>(1) An alternative program shall:</p> <p>(a) Meet the requirements for initial and ongoing approval of nursing assistant training programs in this chapter, except for the following differences:</p> <p>(i) The program must implement the common curriculum designed specifically for medical assistant-certified alternative programs, as developed and described in materials provided by the commission in accordance with the transition timelines established by the commission in WAC 246-841A-440 (1)(a) through (c).</p> <p>(ii) The program must provide the minimum required training hours designed specifically for medical assistant-certified alternative programs.</p> <p>(A) The minimum required training hours are: Sixty-eight35 hours total, with a minimum of 1548 hours of classroom theory, a minimum of 14 hours of skills lab, and a minimum of six hours of clinical training.</p> <p>(B) The minimum program hours include 32 hours of classroom theory training on the specialty topics of: Developmental disabilities (16 hours); mental health (eight hours); and dementia (eight hours).</p> <p>(b) Be subject to corrective actions for nursing assistant training programs as described in WAC 246-841A-465 through 246-841A-490, when requirements are not met for initial and ongoing approval of nursing assistant training programs (WAC 246-841A-420 through 246-841A-460), including those specific to medical assistant-certified alternative programs (WAC 246-841A-530 through 246-841A-555).</p> <p>(c) Provide a subset of the content for traditional nursing assistant programs as identified in the common curriculum for the alternative program and reflecting the following competency areas found in WAC 246-841A-400:</p> <p>(i) The nursing assistant role and knowledge of rules and regulations;</p> <p>(ii) Resident rights and promotion of independence;</p> <p>(iii) Communication and interpersonal skills;</p> <p>(iv) Infection control;</p> <p>(v) Safety and emergency procedures;</p> <p>(vi) Basic nursing skills;</p> <p>(vii) Basic restorative services;</p> <p>(viii) Personal care;</p> <p>(ix) Life transitions;</p>	<ul style="list-style-type: none"> • Reduces the 68 total hours of required training to 35 with a minimum of 15 instead of 48 hours of classroom theory. • Removes specialty curricula related language.

Draft Language	Summary of Changes/Notes
<p>(x) Care of clients or residents with developmental disabilities (specialty curriculum);</p> <p>(xi) Mental health and social service needs (specialty curriculum);</p> <p>(xii) Care of clients or residents with cognitive impairment (specialty curriculum).</p> <p>(2) The common curriculum for medical assistant-certified alternative programs includes the complete specialty curricula on the topics of developmental disabilities, mental health, and dementia developed by the department of social and health services.</p> <p>(a) For students who have not already taken the specialty classes, the training program must provide them as part of the class.</p> <p>(b) Training programs must follow the regulations in WAC 246-841A-430 and 246-841A-440 for incorporating and teaching specialty curricula.</p> <p>(c) For students who have already taken one or more of the specialty topics, the training program may excuse them from repeating the topic(s) when they provide documentation of successful completion.</p> <p>(i) Only the specialty classes developed specifically by the department of social and health services qualify for acceptable training to excuse students from specialty topic(s).</p> <p>(ii) For students who are excused, programs must retain a copy of documentation of a student's previous specialty training in the student's file.</p> <p>(3) Training to orient the student to the health care facility and facility policies and procedures is required, but is not included in the minimum clinical training hours required.</p>	